A Merkle C Knipprath
1190 E 2900 N Rd
Clifton, IL. 60927

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
Kathy Cronin
18927 Hickory Creek Drive, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	119
Total Discharges 2017	122
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	1
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	99	87	0	29	58	41	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	87	0	29	58	41	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	5.9%	12723	35.2%	0	19	5972	1062	21907	60.6%	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	2131	5.9%	12723	35.2%	0	19	5972	1062	21907	60.6%	69.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	2	28	0	0	0	0	0	0	2	28	30
TOTALS	13	45	0	0	0	0	0	0	13	45	58

A Merkle C Knipprath
1190 E 2900 N Rd
Clifton, IL. 60927

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	3	35	0	0	18	2	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	3	35	0	0	18	2	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	214
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	54	0	0	0	54
Race Unknown	1	0	0	0	1
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	5.00
LPN's	6.00
Certified Aides	21.20
Other Health Staff	23.30
Non-Health Staff	0.00
Totals	57.50

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
26.3%	34.9%	0.0%	2.7%	36.1%	100.0%		
1,243,032	1,648,783	0	126,871	1,703,904	4,722,590	114	0.0%

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

Abbington Rehab & Nursing Center
31West 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 N. Wacker Suite1800
Chicago, IL 60606

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	121
Total Discharges 2017	125
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	25
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	71

Total Residents Diagnosed as Mentally Ill 16

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	82	82	74	82	68	14	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	74	82	68	14	19	74

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	6.1%	24106	89.2%	0	0	1465	0	25991	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	0	0	0	0	0.0%	0.0%
TOTALS	420	6.1%	24106	89.2%	0	0	1465	0	25991	86.8%	86.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	11	0	0	0	0	0	0	7	11	18
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	3	13	0	0	0	0	0	0	3	13	16
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	20	48	0	0	0	0	0	0	20	48	68

Abbington Rehab & Nursing Center
31West 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	64	0	0	3	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	1	64	0	0	3	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	56	0	0	0	56
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	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.75
LPN's	6.50
Certified Aides	24.00
Other Health Staff	8.50
Non-Health Staff	14.50
Totals	63.25

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
2.6%	90.6%	0.0%	0.0%	6.8%	100.0%		
109,977	3,766,065	0	0	281,945	4,157,987	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 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 4/4/2019

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 - 2018

Residents on 1/1/2017	4
Total Admissions 2017	1
Total Discharges 2017	2
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 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	0	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	0	4	3	1	0	4

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1219	83.5%	0	0	0	0	1219	83.5%	83.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1219	83.5%	0	0	0	0	1219	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	3	0	0	0	3	0	3

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
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
0.0%	92.1%	4.1%	0.0%	3.8%	100.0%		
0	273,367	12,067	0	11,348	296,782	0	0.0%

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

Abington of Glenview
3901 Glenview Road
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

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	678
Total Discharges 2017	678
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	10
Blood Disorders	5
*Nervous System Non Alzheimer	18
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	5
Other Medical Conditions	1
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14278	20.4%	5878	23.3%	207	796	19174	0	40333	57.6%	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	14278	20.4%	5878	23.3%	207	796	19174	0	40333	57.6%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	20	55	0	0	0	0	0	0	20	55	75
TOTALS	31	79	0	0	0	0	0	0	31	79	110

Abington of Glenview
3901 Glenview Road
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	33	14	0	7	56	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	33	14	0	7	56	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	105	0	0	0	105
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	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	12.00
Certified Aides	45.00
Other Health Staff	23.00
Non-Health Staff	65.00
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
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

2/22/2016 Change of Ownership occurred.

Accolade Healthcare of Paxton on Pells
1001 E Pells
Paxton, IL. 60957

Reference Numbers

Facility ID	6011571	
Health Service Area	004	
Planning Service Area	053	Ford
County	053	Ford County

Administrator
Kim Haas Colbrook

Contact Person and Telephone
Kim Haas Colbrook
217-379-4361

Registered Agent Information

Date Questionnaire Completed 3/29/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	68
Total Discharges 2017	42
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	35
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	84

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	106	106	84	106	84	22	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	84	106	84	22	106	106

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	350	0.9%	3976	10.3%	0	294	1920	0	6540	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	350	0.9%	3976	10.3%	0	294	1920	0	6540	16.9%	16.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	4	5	9
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	33	51	0	0	0	0	0	0	33	51	84

Accolade Healthcare of Paxton on Pells
1001 E Pells
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	50	0	5	24	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	5	50	0	5	24	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	244	219
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	80	0	0	0	80
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	1.00
Director of Nursing	1.00
Registered Nurses	5.80
LPN's	10.90
Certified Aides	22.60
Other Health Staff	1.00
Non-Health Staff	21.60
Totals	64.90

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
9.7%	41.4%	3.9%	13.6%	31.5%	100.0%		
126,103	539,962	50,393	176,627	409,875	1,302,960	0	0.0%

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

Accolade Healthcare of Paxton Senior Living
450 E. Fulton St.
Paxton, IL. 60957

Reference Numbers

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

Administrator
Jonas Hoedebecke

Contact Person and Telephone
Jonas Hoedebecke
217-379-2116

Registered Agent Information
Illinois Registered Agent
1900 E. Golf Rd. STE 9508
Shaumburg, IL 60173

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	46
Total Admissions 2017	117
Total Discharges 2017	106
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	48
Circulatory System	1
Respiratory System	4
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	57

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	70	64	70	57	18	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	70	64	70	57	18	75	36

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2409	8.8%	9053	68.9%	0	327	6304	0	18093	66.1%	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	2409	8.8%	9053	68.9%	0	327	6304	0	18093	66.1%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	1	12	0	0	0	0	0	0	1	12	13
75 to 84	6	24	0	0	0	0	0	0	6	24	30
85+	4	0	0	0	0	0	0	0	4	0	4
TOTALS	12	45	0	0	0	0	0	0	12	45	57

Accolade Healthcare of Paxton Senior Living
450 E. Fulton St.
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	11	26	0	2	18	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	11	26	0	2	18	0	57

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Director of Nursing	1.00
Registered Nurses	4.75
LPN's	4.67
Certified Aides	16.67
Other Health Staff	20.00
Non-Health Staff	12.00
Totals	61.09

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
34.2%	31.4%	0.0%	2.7%	31.6%	100.0%		
1,572,215	1,442,273	0	124,501	1,453,037	4,592,026	0	0.0%

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

Accolade Healthcare of Pontiac, LLC
300 West Lowell
Pontiac, IL. 61764

Reference Numbers

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

Administrator
Malerie Orsowy

Contact Person and Telephone
Malerie Orsowy
815-842-1181

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

Date Questionnaire Completed 4/26/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	123
Total Discharges 2017	120
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 0

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	97	0	0	0	71	26	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	0	0	0	71	26	37	97

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3130	23.2%	19791	55.9%	0	30	2869	0	25820	72.9%	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	3130	23.2%	19791	55.9%	0	30	2869	0	25820	72.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	5	5	10
60 to 64	6	8	0	0	0	0	0	0	6	8	14
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	5	4	0	0	0	0	0	0	5	4	9
TOTALS	34	37	0	0	0	0	0	0	34	37	71

Accolade Healthcare of Pontiac, LLC
300 West Lowell
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	54	0	0	8	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	9	54	0	0	8	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	201
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	0	0	0	1
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	
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	12.00
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
31.5%	55.6%	0.0%	1.5%	11.4%	100.0%		
1,716,077	3,026,823	0	79,392	619,691	5,441,983	0	0.0%

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

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
Noreen Zaio

Contact Person and Telephone
Noreen Zaio
847-403-5567

Registered Agent Information
C.T Corporation System
208 South LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	155
Total Discharges 2017	145
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	100

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	86	12	88	56
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	14	-14		
TOTAL BEDS	98	129	110	129	100	-2	88	56

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	8.6%	10232	50.1%	0	437	14481	150	28049	78.4%	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	4326	974	5300	0.0%	46.8%
TOTALS	2749	8.6%	10232	50.1%	0	437	18807	1124	33349	93.2%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	1	3	2	5
75 to 84	8	11	0	0	0	0	1	3	9	14	23
85+	10	52	0	0	0	0	0	9	10	61	71
TOTALS	22	64	0	0	0	0	1	13	23	77	100

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	31	0	1	42	0	86
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	2	14
TOTALS	12	31	0	1	54	2	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	440	325
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	185

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	14	98
Race Unknown	0	0	0	0	0
Total	86	0	0	14	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	86	0	0	13	99
Ethnicity Unknown	0	0	0	0	0
Total	86	0	0	14	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	7.00
Certified Aides	46.00
Other Health Staff	14.00
Non-Health Staff	83.00
Totals	183.00

NET REVENUE BY PAYOR 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%	16.7%	0.0%	3.8%	59.2%	100.0%		
1,871,937	1,544,680	0	349,828	5,466,774	9,233,219	219,234	2.4%

*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 Corporate System
208 S LaSalle St
Chicago, IL 60604

Date Questionnaire Completed 3/13/2019

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 - 2018

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	694,680	0	0	0	694,680	0	0.0%

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

Alden - Valley Ridge Rehab & Healthcare
275 E Army Trail Rd
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 W Peterson Ave, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	181
Total Admissions 2017	256
Total Discharges 2017	266
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	10
Mental Illness	60
Developmental Disability	0
Circulatory System	25
Respiratory System	17
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	171

Total Residents Diagnosed as Mentally Ill 60

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	188	203	171	36	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	188	203	171	36	207	207

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5442	7.2%	45001	59.6%	8850	743	4517	0	64553	85.4%	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	5442	7.2%	45001	59.6%	8850	743	4517	0	64553	85.4%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	3	0	0	0	0	0	0	5	3	8
65 to 74	20	18	0	0	0	0	0	0	20	18	38
75 to 84	12	31	0	0	0	0	0	0	12	31	43
85+	17	52	0	0	0	0	0	0	17	52	69
TOTALS	60	111	0	0	0	0	0	0	60	111	171

Alden - Valley Ridge Rehab & Healthcare
275 E Army Trail Rd
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	124	21	2	7	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	17	124	21	2	7	0	171

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	24	0	0	0	24
Total	171	0	0	0	171

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	17	0	0	0	17
Non-Hispanic	147	0	0	0	147
Ethnicity Unknown	7	0	0	0	7
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	13.94
LPN's	10.35
Certified Aides	25.47
Other Health Staff	10.69
Non-Health Staff	32.07
Totals	94.52

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
23.5%	54.0%	12.1%	2.8%	7.6%	100.0%		
3,331,399	7,662,900	1,720,537	392,360	1,085,514	14,192,710	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 Kosinski

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 3/21/2019

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 - 2018

Residents on 1/1/2017	30
Total Admissions 2017	166
Total Discharges 2017	154
Residents on 12/31/2017	42

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	15
Injuries and Poisonings	2
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	42

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	50	50	47	50	42	8	50	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	50	50	47	50	42	8	50	18

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3131	17.2%	138	2.1%	530	462	9805	0	14066	77.1%	77.1%
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	3131	17.2%	138	2.1%	530	462	9805	0	14066	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	15	27	0	0	0	0	0	0	15	27	42

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	15	1	1	1	24	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	15	1	1	1	24	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	350
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2	0	0	0	2
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	40	0	0	0	40
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	4.48
LPN's	1.92
Certified Aides	11.45
Other Health Staff	6.23
Non-Health Staff	5.85
Totals	31.93

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
40.6%	3.8%	0.1%	3.2%	52.3%	100.0%		
2,001,062	187,562	4,781	157,422	2,575,449	4,926,276	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 x6534

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

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	98
Total Discharges 2017	103
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	6
Mental Illness	18
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	37

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	20	20	20	20	15	5	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	44	44	29	44	25	19		
TOTAL BEDS	64	64	49	64	40	24	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1845	0.0%	3238	0.0%	426	77	0	0	5586	76.5%	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	9952	0	9952	62.0%	62.0%
TOTALS	1845	0.0%	3238	0.0%	426	77	9952	0	15538	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	1	0	1	1	2
75 to 84	1	2	0	0	0	0	3	4	4	6	10
85+	2	9	0	0	0	0	8	8	10	17	27
TOTALS	3	12	0	0	0	0	13	12	16	24	40

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	4	9	2	0	0	0	15
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	4	9	2	0	25	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	340
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	249	291

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled 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	15	0	0	23	38
Race Unknown	0	0	0	1	1
Total	15	0	0	25	40

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	14	0	0	24	38
Ethnicity Unknown	0	0	0	1	1
Total	15	0	0	25	40

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.25
LPN's	1.86
Certified Aides	6.24
Other Health Staff	7.87
Non-Health Staff	11.69
Totals	32.91

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
27.3%	13.0%	1.7%	0.7%	57.3%	100.0%		
1,083,965	514,955	67,663	29,204	2,271,663	3,967,450	0	0.0%

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

Alden Debes Rehabilitation
550 South Mulford Rd
Rockford, IL. 61108

Reference Numbers

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

Administrator
Joshua Gates

Contact Person and Telephone
Chris Kuehn
773-286-3883

Registered Agent Information
Mary Chellotti Smith
4200 West Peterson Avenue
Chicago, IL 60646

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	180
Total Admissions 2017	418
Total Discharges 2017	430
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	58
Developmental Disability	0
Circulatory System	29
Respiratory System	16
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	168

Total Residents Diagnosed as Mentally Ill 114

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	268	213	191	213	168	100	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	213	191	213	168	100	268	268

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4661	4.8%	42188	43.1%	10473	2273	4400	0	63995	65.4%	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	4661	4.8%	42188	43.1%	10473	2273	4400	0	63995	65.4%	82.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	11	0	0	0	0	0	0	10	11	21
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	25	19	0	0	0	0	0	0	25	19	44
75 to 84	18	19	0	0	0	0	0	0	18	19	37
85+	10	31	0	0	0	0	0	0	10	31	41
TOTALS	77	91	0	0	0	0	0	0	77	91	168

Alden Debes Rehabilitation
550 South Mulford Rd
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	131	10	5	10	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	12	131	10	5	10	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	142	0	0	0	142
Race Unknown	3	0	0	0	3
Total	168	0	0	0	168

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	3	0	0	0	3
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.07
LPN's	17.25
Certified Aides	41.80
Other Health Staff	7.76
Non-Health Staff	55.58
Totals	134.46

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
21.3%	57.7%	5.7%	8.7%	6.5%	100.0%		
2,858,289	7,755,411	766,768	1,174,070	876,884	13,431,422	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 E Golf Road
Des Plaines, IL. 60016

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
Jacob Pientok
847-768-1300

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

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	732
Total Discharges 2017	726
Residents on 12/31/2017	79

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	19
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	10
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	79

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	110	95	0	95	79	31	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	95	0	95	79	31	110	110

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9647	24.0%	13376	33.3%	1068	3320	1859	0	29270	72.9%	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	9647	24.0%	13376	33.3%	1068	3320	1859	0	29270	72.9%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	3	0	0	0	0	0	0	4	3	7
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	6	16	0	0	0	0	0	0	6	16	22
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	26	53	0	0	0	0	0	0	26	53	79

Alden Des Plaines Rehabilitation and Health Care
1221 E Golf Road
Des Plaines, IL. 60016

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	36	4	11	4	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	24	36	4	11	4	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	380
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	1	0	0	0	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	5	0	0	0	5
Total	79	0	0	0	79

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	74	0	0	0	74
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	9.11
LPN's	7.74
Certified Aides	24.43
Other Health Staff	4.00
Non-Health Staff	28.19
Totals	75.47

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
52.1%	25.2%	2.0%	15.1%	5.7%	100.0%		
5,836,921	2,826,908	220,679	1,687,879	634,028	11,206,415	0	0.0%

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

Alden Estates of Barrington Inc
1420 S Barrington Rd
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
Farhad Gul

Contact Person and Telephone
Chris kuehn
773-286-3883

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

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	114
Total Admissions 2017	499
Total Discharges 2017	501
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	17
Respiratory System	33
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	12
Non-Medical Conditions	4
TOTALS	112

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	141	0	112	38	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	141	0	112	38	150	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9280	16.9%	28724	52.5%	815	2899	3768	0	45486	83.1%	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	9280	16.9%	28724	52.5%	815	2899	3768	0	45486	83.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	0	0	0	0	0	0	2	13	15
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	13	23	0	0	0	0	0	0	13	23	36
85+	10	22	0	0	0	0	0	0	10	22	32
TOTALS	40	72	0	0	0	0	0	0	40	72	112

Alden Estates of Barrington Inc
1420 S Barrington Rd
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	74	2	4	9	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	23	74	2	4	9	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	415	395
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	100	0	0	0	100
Race Unknown	5	0	0	0	5
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	107	0	0	0	107
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	13.72
LPN's	7.10
Certified Aides	24.86
Other Health Staff	14.91
Non-Health Staff	28.57
Totals	91.16

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
34.7%	46.9%	1.2%	8.7%	8.6%	100.0%		
5,775,445	7,814,197	195,179	1,455,901	1,424,971	16,665,693	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
773-286-3883

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

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	522
Total Discharges 2017	521
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	13
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	102	74	70	74	50	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	102	74	70	74	50	52	99	99

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	13587	37.6%	2773	7.7%	0	1020	791	0	18171	48.8%	67.3%
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	13587	37.6%	2773	7.7%	0	1020	791	0	18171	48.8%	67.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	14	36	0	0	0	0	0	0	14	36	50

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	25	16	0	7	2	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	25	16	0	7	2	0	50

AVERAGE DAILY PAYMENT RATES

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

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	44	0	0	0	44
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	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	7.12
LPN's	6.08
Certified Aides	14.17
Other Health Staff	0.00
Non-Health Staff	16.08
Totals	45.45

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
72.4%	8.9%	0.6%	14.3%	3.9%	100.0%		
7,528,801	923,357	60,605	1,482,779	406,388	10,401,930	0	0.0%

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

Alden Estates of Naperville
1525 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
William Matjasich

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 4/17/2019

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 - 2018

Residents on 1/1/2017	133
Total Admissions 2017	473
Total Discharges 2017	471
Residents on 12/31/2017	135

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	0
Circulatory System	35
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	16
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	135

Total Residents Diagnosed as Mentally Ill 101

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	172	151	172	135	68	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	172	151	172	135	68	203	203

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5767	7.8%	32348	43.7%	2834	2503	3927	0	47379	63.9%	75.5%
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	5767	7.8%	32348	43.7%	2834	2503	3927	0	47379	63.9%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	4	2	6
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	14	9	0	0	0	0	0	0	14	9	23
75 to 84	16	21	0	0	0	0	0	0	16	21	37
85+	13	48	0	0	0	0	0	0	13	48	61
TOTALS	54	81	0	0	0	0	0	0	54	81	135

Alden Estates of Naperville
1525 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	87	10	11	12	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	15	87	10	11	12	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	330
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	1	0	0	0	1
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	21.00
LPN's	5.80
Certified Aides	33.80
Other Health Staff	11.40
Non-Health Staff	44.00
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
27.8%	47.7%	8.5%	8.6%	7.4%	100.0%		
3,542,515	6,079,295	1,086,942	1,093,880	943,703	12,746,335	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 Chelott-Smith
4200 West Peterson Ave Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	888
Total Discharges 2017	886
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	25
Injuries and Poisonings	13
Other Medical Conditions	12
Non-Medical Conditions	5
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	100	92	88	92	83	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	100	92	88	92	83	17		

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15390	0.0%	6324	0.0%	607	5559	1170	0	29050	79.6%	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	15390	0.0%	6324	0.0%	607	5559	1170	0	29050	79.6%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	3	14	0	0	0	0	0	0	3	14	17
75 to 84	11	24	0	0	0	0	0	0	11	24	35
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	24	59	0	0	0	0	0	0	24	59	83

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	38	23	1	16	5	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	38	23	1	16	5	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	437	386
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	78	0	0	0	78
Race Unknown	1	0	0	0	1
Total	83	0	0	0	83

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	1	0	0	0	1
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	10.30
LPN's	0.53
Certified Aides	22.74
Other Health Staff	20.51
Non-Health Staff	15.33
Totals	71.41

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
68.5%	8.1%	0.8%	19.5%	3.0%	100.0%		
9,231,306	1,096,735	108,478	2,622,389	408,032	13,466,940	0	0.0%

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

Alden Estates of Skokie
4626 Old Orchard Road
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
Alexis Effert

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 4/12/2019

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 - 2018

Residents on 1/1/2017	18
Total Admissions 2017	580
Total Discharges 2017	571
Residents on 12/31/2017	27

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	5
Injuries and Poisonings	7
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	27

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	56	31	29	31	27	29	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	27	29	56	56

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7293	35.7%	596	2.9%	0	1243	216	0	9348	45.7%	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	7293	35.7%	596	2.9%	0	1243	216	0	9348	45.7%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
85+	7	9	0	0	0	0	0	0	7	9	16
TOTALS	12	15	0	0	0	0	0	0	12	15	27

Alden Estates of Skokie
4626 Old Orchard Road
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	18	4	0	4	1	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	4	0	4	1	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	545	400
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	25	0	0	0	25
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	1	0	0	0	1
Non-Hispanic	26	0	0	0	26
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	3.99
LPN's	1.75
Certified Aides	8.19
Other Health Staff	1.70
Non-Health Staff	20.09
Totals	37.72

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
85.6%	2.3%	0.0%	10.7%	1.4%	100.0%		
4,532,858	123,842	0	564,742	71,656	5,293,098	0	0.0%

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

Alden Estates-Courts of Huntley, Inc.
12140 Regency Parkway
Huntley, IL. 60142

Reference Numbers

Facility ID	6016950	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Ashley V O'Brien

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 4/16/2019

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	77
Total Discharges 2017	37
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	3
Mental Illness	6
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	3
TOTALS	37

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	170	170	40	170	37	133	170	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	170	170	40	170	37	133	170	51

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	2.1%	0	0.0%	5	0	1546	0	2856	4.6%	4.6%
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	1305	2.1%	0	0.0%	5	0	1546	0	2856	4.6%	4.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	0	8	8
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	9	28	0	0	0	0	0	0	9	28	37

Alden Estates-Courts of Huntley, Inc.
12140 Regency Parkway
Huntley, IL. 60142

Classification Numbers

Facility ID	6016950	
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	27	0	0	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	27	0	0	0	10	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	318
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2	0	0	0	2
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	2	0	0	0	2
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	9.41
LPN's	2.23
Certified Aides	9.62
Other Health Staff	1.00
Non-Health Staff	27.63
Totals	51.89

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
66.2%	0.0%	0.1%	33.8%	0.0%	100.0%		
786,963	0	875	401,456	0	1,189,294	0	0.0%

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

Alden Lakeland Healthcare and Rehabilitation
820 W. Lawrence Ave
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 W. Peterson Ave., Suite 102
Chicago, IL 60640

Date Questionnaire Completed 3/22/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	151
Total Admissions 2017	160
Total Discharges 2017	149
Residents on 12/31/2017	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	32
Respiratory System	49
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	3
Other Medical Conditions	38
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 2

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	302	170	165	170	162	140	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	302	170	165	170	162	140	187	300

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2687	3.9%	52081	47.6%	882	624	574	325	57173	51.9%	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	2687	3.9%	52081	47.6%	882	624	574	325	57173	51.9%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	23	14	0	0	0	0	0	0	23	14	37
60 to 64	17	10	0	0	0	0	0	0	17	10	27
65 to 74	24	14	0	0	0	0	0	0	24	14	38
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	10	9	0	0	0	0	0	0	10	9	19
TOTALS	91	71	0	0	0	0	0	0	91	71	162

Alden Lakeland Healthcare and Rehabilitation
820 W. Lawrence Ave
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	146	2	3	2	1	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	8	146	2	3	2	1	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	83	0	0	0	83
Hawaiian/Pacific Isl.	5	0	0	0	5
White	52	0	0	0	52
Race Unknown	4	0	0	0	4
Total	146	0	0	0	146

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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	3.00
Certified Aides	45.00
Other Health Staff	3.00
Non-Health Staff	37.00
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
17.2%	79.2%	1.7%	0.2%	1.8%	100.0%		
1,576,221	7,276,506	156,454	18,384	161,167	9,188,732	123,500	1.3%

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

Alden Lincoln Park Rehabilitation and Healthcare
504 W Wellington
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
773-724-6534

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

Date Questionnaire Completed 4/14/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	67
Total Discharges 2017	69
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	5
Mental Illness	26
Developmental Disability	0
Circulatory System	19
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

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	96	95	92	95	86	10	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	95	92	95	86	10	33	96

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2517	20.9%	26952	76.9%	1760	62	990	0	32281	92.1%	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	2517	20.9%	26952	76.9%	1760	62	990	0	32281	92.1%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	14	13	0	0	0	0	0	0	14	13	27
75 to 84	15	7	0	0	0	0	0	0	15	7	22
85+	14	12	0	0	0	0	0	0	14	12	26
TOTALS	48	38	0	0	0	0	0	0	48	38	86

Alden Lincoln Park Rehabilitation and Healthcare
504 W Wellington
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	5	73	5	0	3	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	5	73	5	0	3	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	315
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
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	9	0	0	0	9
Non-Hispanic	77	0	0	0	77
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	4.48
LPN's	7.17
Certified Aides	19.66
Other Health Staff	5.00
Non-Health Staff	19.59
Totals	57.90

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
17.8%	65.3%	9.3%	1.8%	5.9%	100.0%		
1,174,719	4,306,718	614,155	116,232	386,232	6,598,056	0	0.0%

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

Alden Long Grove Rehabilitation and Health Care
Box 2308 Old Hicks Road
Long Grove, IL. 60047

Reference Numbers

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

Administrator
Kirsten Refvik

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 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	188
Total Admissions 2017	187
Total Discharges 2017	194
Residents on 12/31/2017	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	33
Alzheimer Disease	34
Mental Illness	19
Developmental Disability	1
Circulatory System	37
Respiratory System	10
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 137

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	0	195	0	181	67	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	0	195	0	181	67	208	246

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2261	3.0%	55603	61.9%	3398	838	3166	365	65631	72.5%	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	2261	3.0%	55603	61.9%	3398	838	3166	365	65631	72.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	21	11	0	0	0	0	0	0	21	11	32
60 to 64	10	6	0	0	0	0	0	0	10	6	16
65 to 74	26	16	0	0	0	0	0	0	26	16	42
75 to 84	15	26	0	0	0	0	0	0	15	26	41
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	87	94	0	0	0	0	0	0	87	94	181

Alden Long Grove Rehabilitation and Health Care
Box 2308 Old Hicks Road
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	5	149	18	1	8	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	5	149	18	1	8	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	170	0	0	0	170
Race Unknown	3	0	0	0	3
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	3	0	0	0	3
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	10.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	6.68
LPN's	7.57
Certified Aides	37.38
Other Health Staff	5.97
Non-Health Staff	29.92
Totals	99.52

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
11.5%	71.1%	10.0%	3.1%	4.2%	100.0%		
1,529,901	9,478,280	1,339,798	418,641	565,395	13,332,015	34,142	0.3%

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

Alden North Shore Rehabilitation & Health Care C
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 West Peterson Avenue
Chicago, IL 60646

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	652
Total Discharges 2017	662
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	58

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	93	74	73	74	58	35	93	93
Skilled Under 22	0	0	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	73	74	58	35	93	93

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11157	32.9%	7269	21.4%	42	3624	1031	0	23123	68.1%	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	11157	32.9%	7269	21.4%	42	3624	1031	0	23123	68.1%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	6	10	16
85+	10	21	0	0	0	0	0	0	10	21	31
TOTALS	20	38	0	0	0	0	0	0	20	38	58

Alden North Shore Rehabilitation & Health Care C
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	20	0	7	1	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	30	20	0	7	1	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	370
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
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	1	0	0	0	1
Non-Hispanic	57	0	0	0	57
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	7.21
LPN's	3.25
Certified Aides	16.22
Other Health Staff	0.69
Non-Health Staff	24.28
Totals	53.65

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
66.3%	13.4%	0.1%	16.5%	3.6%	100.0%		
6,427,777	1,303,291	7,739	1,602,567	348,913	9,690,287	0	0.0%

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

Alden Northmoor Rehabiliation and Healthcare Ce
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 4/12/2019

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 - 2018

Residents on 1/1/2017	174
Total Admissions 2017	236
Total Discharges 2017	231
Residents on 12/31/2017	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	26
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	52
Respiratory System	34
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	196	196	196	196	179	17	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	196	196	196	196	179	17	198	198

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4958	6.9%	52391	72.5%	6147	1799	3122	0	68417	95.6%	95.6%
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	4958	6.9%	52391	72.5%	6147	1799	3122	0	68417	95.6%	95.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	11	21	0	0	0	0	0	0	11	21	32
75 to 84	17	49	0	0	0	0	0	0	17	49	66
85+	11	52	0	0	0	0	0	0	11	52	63
TOTALS	48	131	0	0	0	0	0	0	48	131	179

Alden Northmoor Rehabiliation and Healthcare Ce
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	137	16	2	9	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	15	137	16	2	9	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	380
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	153	0	0	0	153
Race Unknown	1	0	0	0	1
Total	179	0	0	0	179

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	38	0	0	0	38
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	1	0	0	0	1
Total	179	0	0	0	179

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.31
LPN's	11.39
Certified Aides	21.37
Other Health Staff	10.24
Non-Health Staff	34.87
Totals	92.18

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
18.4%	63.7%	7.4%	5.3%	5.3%	100.0%		
2,937,914	10,175,841	1,179,263	840,832	848,754	15,982,604	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
Jennifer Moran

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

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

Date Questionnaire Completed

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 - 2018

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	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	365	0	5727	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5362	91.8%	0	0	365	0	5727	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	10	0	10
Race Unknown	0	0	2	0	2
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	0.35
LPN's	0.78
Certified Aides	7.38
Other Health Staff	0.50
Non-Health Staff	2.14
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%	85.9%	0.0%	0.0%	14.1%	100.0%		
0	1,116,482	0	0	183,998	1,300,480	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
Jennifer Moran

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

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

Date Questionnaire Completed

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 - 2018

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	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5778	98.9%	0	0	0	0	5778	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5778	98.9%	0	0	0	0	5778	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	2
White	0	0	11	0	11
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	1.16
LPN's	0.07
Certified Aides	6.94
Other Health Staff	0.50
Non-Health Staff	3.54
Totals	12.46

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,392,777	0	0	0	1,392,777	0	0.0%

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

Alden of Waterford, LLC
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

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

Date Questionnaire Completed 3/24/2019

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 - 2018

Residents on 1/1/2017	71
Total Admissions 2017	422
Total Discharges 2017	407
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	5
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	86

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	99	99	94	99	86	13	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	94	99	86	13	99	62

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12184	33.7%	11133	49.2%	2095	2455	2732	0	30599	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	12184	33.7%	11133	49.2%	2095	2455	2732	0	30599	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	11	15	0	0	0	0	0	0	11	15	26
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	28	58	0	0	0	0	0	0	28	58	86

Alden of Waterford, LLC
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	31	36	6	4	9	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	31	36	6	4	9	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	340
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
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	12	0	0	0	12
Non-Hispanic	74	0	0	0	74
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	7.64
LPN's	0.28
Certified Aides	21.23
Other Health Staff	3.00
Non-Health Staff	31.56
Totals	65.71

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
61.7%	17.4%	3.4%	9.7%	7.9%	100.0%		
6,921,663	1,950,444	378,356	1,086,709	881,507	11,218,679	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

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. Peterson Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	135
Total Admissions 2017	1,034
Total Discharges 2017	1,034
Residents on 12/31/2017	135

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	69
Injuries and Poisonings	0
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	135

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	200	167	156	167	135	65	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	135	65	200	200

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15543	21.3%	24463	33.5%	350	6036	4986	0	51378	70.4%	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	15543	21.3%	24463	33.5%	350	6036	4986	0	51378	70.4%	84.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	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	8	17	0	0	0	0	0	0	8	17	25
75 to 84	14	34	0	0	0	0	0	0	14	34	48
85+	13	36	0	0	0	0	0	0	13	36	49
TOTALS	44	91	0	0	0	0	0	0	44	91	135

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

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	35	75	2	12	11	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	35	75	2	12	11	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	420	395
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	33	0	0	0	33
Hawaiian/Pacific Isl.	0	0	0	0	0
White	99	0	0	0	99
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	2	0	0	0	2
Non-Hispanic	133	0	0	0	133
Ethnicity Unknown	0	0	0	0	0
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	13.57
LPN's	8.56
Certified Aides	35.93
Other Health Staff	8.91
Non-Health Staff	33.17
Totals	102.14

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
47.8%	25.6%	0.4%	16.0%	10.1%	100.0%		
8,980,103	4,809,208	68,105	3,010,825	1,903,024	18,771,265	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. Petersn Avenue Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	89
Total Discharges 2017	86
Residents on 12/31/2017	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	14
Mental Illness	50
Developmental Disability	1
Circulatory System	18
Respiratory System	25
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	147

Total Residents Diagnosed as Mentally Ill 118

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	189	165	152	165	147	42	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	152	165	147	42	189	189

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	2.9%	46734	67.7%	3094	536	959	0	53306	77.3%	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	1983	2.9%	46734	67.7%	3094	536	959	0	53306	77.3%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	0	0	0	0	0	0	5	10	15
45 to 59	10	16	0	0	0	0	0	0	10	16	26
60 to 64	6	11	0	0	0	0	0	0	6	11	17
65 to 74	19	14	0	0	0	0	0	0	19	14	33
75 to 84	13	20	0	0	0	0	0	0	13	20	33
85+	6	17	0	0	0	0	0	0	6	17	23
TOTALS	59	88	0	0	0	0	0	0	59	88	147

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	128	9	1	4	0	147
Skilled Under 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	128	9	1	4	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
Race Unknown	10	0	0	0	10
Total	147	0	0	0	147

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	7	0	0	0	7
Total	147	0	0	0	147

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.14
LPN's	11.57
Certified Aides	40.90
Other Health Staff	5.77
Non-Health Staff	31.41
Totals	104.79

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.3%	78.1%	4.7%	2.7%	2.2%	100.0%		
1,333,252	8,460,810	508,692	292,291	236,358	10,831,403	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 Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	188
Total Admissions 2017	422
Total Discharges 2017	430
Residents on 12/31/2017	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	27
Alzheimer Disease	0
Mental Illness	66
Developmental Disability	0
Circulatory System	27
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	180

Total Residents Diagnosed as Mentally Ill 112

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	198	217	180	37	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	198	217	180	37	217	217

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8787	11.1%	44690	56.4%	4521	2145	6814	0	66957	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	8787	11.1%	44690	56.4%	4521	2145	6814	0	66957	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	14	43	0	0	0	0	0	0	14	43	57
85+	16	64	0	0	0	0	0	0	16	64	80
TOTALS	47	133	0	0	0	0	0	0	47	133	180

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	22	124	15	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	22	124	15	5	14	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	386	361
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	23	0	0	0	23
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	11	0	0	0	11
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
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	17.29
LPN's	4.90
Certified Aides	31.91
Other Health Staff	9.14
Non-Health Staff	33.15
Totals	98.39

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.9%	47.1%	4.8%	5.7%	11.4%	100.0%		
5,310,791	8,091,729	824,981	982,250	1,957,169	17,166,920	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
Jennifer Moran

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

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

Date Questionnaire Completed

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 - 2018

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	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	16	0	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5792	99.2%	0	0	0	0	5792	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5792	99.2%	0	0	0	0	5792	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	5	4	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	8	8	0	0	8	8	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1.50
LPN's	0.90
Certified Aides	7.15
Other Health Staff	0.50
Non-Health Staff	1.30
Totals	11.60

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	1,270,624	0	0	0	1,270,624	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
Bryan Pottow

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 3/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	170
Total Admissions 2017	306
Total Discharges 2017	308
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	0
Mental Illness	25
Developmental Disability	1
Circulatory System	21
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	4
Other Medical Conditions	48
Non-Medical Conditions	9
TOTALS	168

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	316	190	185	190	168	148	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	185	190	168	148	316	316

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7157	6.2%	44591	38.7%	6902	1025	3423	8	63106	54.7%	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	7157	6.2%	44591	38.7%	6902	1025	3423	8	63106	54.7%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	11	8	0	0	0	0	0	0	11	8	19
60 to 64	11	7	0	0	0	0	0	0	11	7	18
65 to 74	14	21	0	0	0	0	0	0	14	21	35
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	5	46	0	0	0	0	0	0	5	46	51
TOTALS	54	114	0	0	0	0	0	0	54	114	168

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	17	124	16	3	8	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	17	124	16	3	8	0	168

AVERAGE DAILY PAYMENT RATES

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

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	139	0	0	0	139
Race Unknown	16	0	0	0	16
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	145	0	0	0	145
Ethnicity Unknown	16	0	0	0	16
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	8.50
LPN's	12.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	33.00
Totals	87.50

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
30.6%	51.8%	8.1%	3.2%	6.4%	100.0%		
4,285,605	7,241,238	1,126,324	446,751	888,290	13,988,208	2,415	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 4/13/2019

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 - 2018

Residents on 1/1/2017	190
Total Admissions 2017	252
Total Discharges 2017	249
Residents on 12/31/2017	193

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	28
Developmental Disability	1
Circulatory System	30
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	65
Injuries and Poisonings	1
Other Medical Conditions	30
Non-Medical Conditions	2
TOTALS	193

Total Residents Diagnosed as Mentally Ill 28

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	200	222	193	44	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	200	222	193	44	249	249

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3220	3.5%	4325	4.8%	0	8130	660	0	16335	18.9%	18.9%
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	3220	3.5%	4325	4.8%	0	8130	660	0	16335	18.9%	18.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	9	0	0	0	0	0	0	7	9	16
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	25	18	0	0	0	0	0	0	25	18	43
75 to 84	20	38	0	0	0	0	0	0	20	38	58
85+	21	37	0	0	0	0	0	0	21	37	58
TOTALS	83	110	0	0	0	0	0	0	83	110	193

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	14	173	0	3	3	0	193
Skilled Under 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	173	0	3	3	0	193

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	148	0	0	0	148
Race Unknown	0	0	0	0	0
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	98	0	0	0	98
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	0	0	0	0	0
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	15.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	19.00
Certified Aides	45.00
Other Health Staff	7.00
Non-Health Staff	46.00
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
15.9%	75.1%	5.2%	2.7%	1.1%	100.0%		
2,208,029	10,467,488	729,502	374,687	150,898	13,930,604	0	0.0%

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

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

Reference Numbers

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

Administrator
Jennifer Moran

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

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

Date Questionnaire Completed

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 - 2018

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	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	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	0	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5668	97.1%	0	0	0	0	5668	97.1%	97.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5668	97.1%	0	0	0	0	5668	97.1%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	7	0	0	8	7	15

Alden Trails
273 E. Army Trail Road
Bloomingdale, 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0.00
LPN's	1.44
Certified Aides	6.93
Other Health Staff	0.50
Non-Health Staff	4.11
Totals	13.23

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	1,232,445	0	0	0	1,232,445	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 Avenue, Suite 102
Chicago, IL 60646

Date Questionnaire Completed 3/14/2019

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 - 2018

Residents on 1/1/2017	123
Total Admissions 2017	35
Total Discharges 2017	35
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 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	0	0	0	0	0	0	0	0
Skilled Under 22	126	126	124	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	124	126	123	3	0	126

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			43546	94.7%	122	0	86	0	43754	95.1%	95.1%
Intermediate DD			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%	43546	94.7%	122	0	86	0	43754	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	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	2	0	0	0	0	4	2	6
18 to 44	0	0	36	20	0	0	0	0	36	20	56
45 to 59	0	0	21	17	0	0	0	0	21	17	38
60 to 64	0	0	4	6	0	0	0	0	4	6	10
65 to 74	0	0	4	7	0	0	0	0	4	7	11
75 to 84	0	0	0	2	0	0	0	0	0	2	2
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	69	54	0	0	0	0	69	54	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	122	0	0	1	0	123
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	122	0	0	1	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	300	300
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0
Black	0	39	0	0	39
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	57	0	0	57
Race Unknown	0	19	0	0	19
Total	0	123	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	18	0	0	18
Non-Hispanic	0	104	0	0	104
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	14.00
LPN's	8.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	41.00
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%	99.5%	0.3%	0.0%	0.2%	100.0%		
0	9,548,230	25,543	0	18,190	9,591,963	0	0.0%

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

Alden Village North
7464 N. Sheridan Rd
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 x6534

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

Date Questionnaire Completed 3/18/2019

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 - 2018

Residents on 1/1/2017	101
Total Admissions 2017	13
Total Discharges 2017	14
Residents on 12/31/2017	100

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	100
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

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	0	0	0	0	0	0	0	0
Skilled Under 22	150	123	103	123	100	50		150
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	150	123	103	123	100	50	0	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			36426	66.5%	52	0	4	0	36482	66.6%	81.3%
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%	36426	66.5%	52	0	4	0	36482	66.6%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	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	5	0	0	0	0	4	5	9
18 to 44	0	0	39	19	0	0	0	0	39	19	58
45 to 59	0	0	8	8	0	0	0	0	8	8	16
60 to 64	0	0	4	5	0	0	0	0	4	5	9
65 to 74	0	0	4	2	0	0	0	0	4	2	6
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	60	40	0	0	0	0	60	40	100

Alden Village North
7464 N. Sheridan Rd
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	99	1	0	0	0	100
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	99	1	0	0	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	300	300
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	4	0	0	4
American Indian	0	1	0	0	1
Black	0	61	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	24	0	0	24
Race Unknown	0	0	0	0	0
Total	0	90	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	10	0	0	10
Non-Hispanic	0	90	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	0	100	0	0	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.11
LPN's	6.44
Certified Aides	32.94
Other Health Staff	3.60
Non-Health Staff	25.40
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%	99.9%	0.0%	0.1%	0.0%	100.0%		
0	7,839,293	2,260	4,138	822	7,846,513	0	0.0%

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

Aledo Rehabilitation & Health Care Center
304 S. W. 12th Street
Aledo, IL. 61231

Reference Numbers

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

Administrator
Elizabeth Hoye

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/23/2019

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 - 2018

Residents on 1/1/2017	59
Total Admissions 2017	41
Total Discharges 2017	46
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	36
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	54

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	80	80	60	80	54	26	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	54	26	80	80

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	340	1.2%	13367	45.8%	0	0	5669	0	19376	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	340	1.2%	13367	45.8%	0	0	5669	0	19376	66.4%	66.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	7	8	0	0	0	0	0	0	7	8	15
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	24	30	0	0	0	0	0	0	24	30	54

Aledo Rehabilitation & Health Care Center
304 S. W. 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	39	0	0	15	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	39	0	0	15	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	7.00
Certified Aides	20.00
Other Health Staff	2.00
Non-Health Staff	17.00
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
1.8%	62.3%	0.0%	5.0%	30.9%	100.0%		
44,342	1,551,285	0	125,741	770,637	2,492,005	0	0.0%

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

Alhambra Care Center, Inc.
417 East Main, Post Office Box 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. Weder

Contact Person and Telephone
Demaris a. Weder (Dede)
618-488-3565

Registered Agent Information
Demaris A. Weder (Dede)
11501 Bothers Lane, PO Box41
Highland, IL 62249

Date Questionnaire Completed 6/6/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	40
Total Admissions 2017	37
Total Discharges 2017	40
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	13
Developmental Disability	1
Circulatory System	7
Respiratory System	2
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	37

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	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	0	0	0	0	0	0	11	84

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	26.5%	8491	27.7%	0	128	4640	0	14324	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	1065	26.5%	8491	27.7%	0	128	4640	0	14324	#Div/0!	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	2	8	0	0	0	0	0	0	2	8	10
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	9	28	0	0	0	0	0	0	9	28	37

Alhambra Care Center, Inc.
417 East Main, Post Office Box 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	23	0	0	11	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	0	0	11	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
LPN's	9.00
Certified Aides	16.00
Other Health Staff	2.00
Non-Health Staff	14.00
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
26.6%	16.2%	0.0%	0.7%	56.5%	100.0%		
298,594	181,637	0	8,196	633,648	1,122,075	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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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 N. Alpine
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 4/5/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	151
Total Discharges 2017	159
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	16
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	66	66	40	66	28	38	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	28	33	25	8		
TOTAL BEDS	99	99	68	99	53	46	32	34

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5699	48.8%	2966	23.9%	0	570	3483	0	12718	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	9142	0	9142	75.9%	75.9%
TOTALS	5699	48.8%	2966	23.9%	0	570	12625	0	21860	60.5%	60.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	2	0	6	6
75 to 84	3	5	0	0	0	0	2	4	5	9	14
85+	2	14	0	0	0	0	3	14	5	28	33
TOTALS	5	23	0	0	0	0	5	20	10	43	53

Alpine Fireside Health Center
3650 N. Alpine
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	6	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	25	0	0	25
TOTALS	12	6	0	25	10	0	53

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	27	0	0	25	52
Race Unknown	0	0	0	0	0
Total	28	0	0	25	53

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	4.00
Certified Aides	18.00
Other Health Staff	13.00
Non-Health Staff	12.00
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
32.0%	14.6%	0.0%	7.7%	45.7%	100.0%		
1,003,892	458,286	0	240,306	1,431,243	3,133,727	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
RACHEL LOLLIS

Contact Person and Telephone
RACHEL LOLLIS
618-465-0044 x1609

Registered Agent Information

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

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 - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	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			5538	94.8%	0	0	0	0	5538	94.8%	94.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5538	94.8%	0	0	0	0	5538	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	2	1	0	0	2	1	3
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	4	2	0	0	4	2	6
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	7	7	0	0	7	7	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	119	119
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1.00
Physicians	0.00
Director of Nursing	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	9.66

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%	74.0%	25.3%	0.0%	0.7%	100.0%		
0	482,919	165,184	0	4,434	652,537	0	0.0%

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

Alton Rehabilitation and Nursing Center, LLC
3523 Wickenhauser Avenue
Alton, IL. 62002

Reference Numbers

Facility ID	6002778	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Mary Garcia

Contact Person and Telephone
Mary Garcia
618-465-8887

Registered Agent Information
Jennifer Miller-Louw
2015 West Main St., Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 5/2/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	103
Total Discharges 2017	107
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	79

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	181	125	74	125	79	102	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	125	74	125	79	102	132	181

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2565	5.3%	19739	29.9%	4458	0	2009	0	28771	43.5%	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	2565	5.3%	19739	29.9%	4458	0	2009	0	28771	43.5%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	11	5	0	0	0	0	0	0	11	5	16
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	12	13	0	0	0	0	0	0	12	13	25
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	42	37	0	0	0	0	0	0	42	37	79

Alton Rehabilitation and Nursing Center, LLC
3523 Wickenhauser Avenue
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	10	57	8	0	4	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	57	8	0	4	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	10.00
Registered Nurses	50.00
LPN's	70.00
Certified Aides	110.00
Other Health Staff	0.00
Non-Health Staff	140.00
Totals	381.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	66.5%	0.0%	0.0%	4.3%	100.0%		
1,623,639	3,706,704	0	1,348	241,887	5,573,578	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.

Alvin Eades Center
1000 A 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 3/1/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	1
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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4837	82.8%	0	0	0	0	4837	82.8%	82.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4837	82.8%	0	0	0	0	4837	82.8%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	14	0	0	0	14	0	14

Alvin Eades Center
1000 A 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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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	512,691	0	0	0	512,691	0	0.0%

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

Ambassador Nursing And Rehabilitation
4900 N. Bernard St.
Chicago, IL. 60712

Reference Numbers

Facility ID	6000186	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 14 - Albany Park

Administrator
Raphael Nudell

Contact Person and Telephone
Raphael Nudell
773-583-7130

Registered Agent Information
Michele Bush
240 Fencl Lane
Hilllside, IL 60162

Date Questionnaire Completed 4/11/2019

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	157
Total Admissions 2017	134
Total Discharges 2017	147
Residents on 12/31/2017	144

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	18
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	81
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 9

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	190	46	144	46	144	46	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	46	144	46	144	46	190	190

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9	0.0%	131	0.2%	0	2	2	0	144	0.2%	0.9%
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	9	0.0%	131	0.2%	0	2	2	0	144	0.2%	0.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	28	14	0	0	0	0	0	0	28	14	42
60 to 64	15	4	0	0	0	0	0	0	15	4	19
65 to 74	19	11	0	0	0	0	0	0	19	11	30
75 to 84	21	11	0	0	0	0	0	0	21	11	32
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	93	51	0	0	0	0	0	0	93	51	144

Ambassador Nursing And Rehabilitation
4900 N. Bernard St.
Chicago, IL. 60712

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	131	0	2	2	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	9	131	0	2	2	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	37	0	0	0	37
Hawaiian/Pacific Isl.	0	0	0	0	0
White	46	0	0	0	46
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	56	0	0	0	56
Non-Hispanic	0	0	0	0	0
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	16.00
LPN's	20.00
Certified Aides	47.00
Other Health Staff	59.00
Non-Health Staff	0.00
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
12.6%	84.0%	0.0%	1.8%	1.7%	100.0%		
1,404,606	9,371,991	0	196,390	190,633	11,163,620	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 St.
Morton Grove, IL 60053

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	119
Total Admissions 2017	294
Total Discharges 2017	289
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	20
Mental Illness	16
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	64
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 82

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	141	0	0	139	125	16	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	0	0	139	125	16	135	135

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3848	7.8%	34334	69.7%	2656	0	3918	0	44756	87.0%	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	3848	7.8%	34334	69.7%	2656	0	3918	0	44756	87.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	9	3	0	0	0	0	0	0	9	3	12
60 to 64	8	4	0	0	0	0	0	0	8	4	12
65 to 74	15	20	0	0	0	0	0	0	15	20	35
75 to 84	21	25	0	0	0	0	0	0	21	25	46
85+	9	11	0	0	0	0	0	0	9	11	20
TOTALS	62	63	0	0	0	0	0	0	62	63	125

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
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	5.80
LPN's	12.90
Certified Aides	70.20
Other Health Staff	0.00
Non-Health Staff	48.00
Totals	138.90

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
24.0%	57.4%	11.0%	0.0%	7.6%	100.0%		
2,327,648	5,576,555	1,070,633	0	733,457	9,708,293	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

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/11/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	0	0	1	0	1
65 to 74	0	0	0	0	4	2	0	0	4	2	6
75 to 84	0	0	0	0	1	1	0	0	1	1	2
85+	0	0	0	0	0	3	0	0	0	3	3
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	183	183
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	12.8%	87.1%	0.0%	0.1%	100.0%		
0	129,266	882,861	0	1,268	1,013,395	0	0.0%

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

Amita Saint Joseph Hospital Skilled Unit
2900 N Lake Shore Drive
Chicago, IL. 60614

Reference Numbers

Facility ID	6010698	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 6 - Lakeview

Administrator
Mary F von Goeben

Contact Person and Telephone
Mary F von Goeben
773-665-9142

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

Date Questionnaire Completed 4/22/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
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 - 2018

Residents on 1/1/2017	19
Total Admissions 2017	576
Total Discharges 2017	557
Residents on 12/31/2017	38

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	4
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	19	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	19	26	19	7	26	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5184	54.6%	0	0.0%	0	1015	0	0	6199	65.3%	65.3%
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	5184	54.6%	0	0.0%	0	1015	0	0	6199	65.3%	65.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	5	14	0	0	0	0	0	0	5	14	19

Amita Saint Joseph Hospital Skilled Unit
2900 N Lake Shore Drive
Chicago, IL. 60614

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	11	0	0	8	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	11	0	0	8	0	0	19

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	14	0	0	0	14
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	0.30
Director of Nursing	1.00
Registered Nurses	12.60
LPN's	0.00
Certified Aides	12.60
Other Health Staff	6.00
Non-Health Staff	4.50
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
67.8%	0.0%	0.0%	32.2%	0.0%	100.0%		
2,467,100	0	0	1,170,510	0	3,637,610	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
Levi Graham

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	0	6	6	0	0	6

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	90.6%	1.1%	0.0%	8.4%	100.0%		
0	371,895	4,357	0	34,374	410,626	0	0.0%

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

Aperion Care Bloomington
1509 N. Calhoun St.
Bloomington, IL. 61701

Reference Numbers

Facility ID	6001010	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Becky Hubbard

Contact Person and Telephone
Becky Hubbard
309-827-6046

Registered Agent Information
VCorp Agent Services, Inc.
208 S. LaSalle St. Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	46
Total Admissions 2017	113
Total Discharges 2017	80
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	35
Developmental Disability	0
Circulatory System	9
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 35

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	117	117	80	117	79	38	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	80	117	79	38	115	115

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	3.4%	14001	33.4%	6294	869	43	0	22629	53.0%	53.0%
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	1422	3.4%	14001	33.4%	6294	869	43	0	22629	53.0%	53.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	11	0	0	0	0	0	0	7	11	18
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	35	44	0	0	0	0	0	0	35	44	79

Aperion Care Bloomington
1509 N. 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	77	0	0	0	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	2	77	0	0	0	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
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	3.00
LPN's	6.20
Certified Aides	25.20
Other Health Staff	21.00
Non-Health Staff	57.40
Totals	114.80

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
17.2%	54.0%	24.5%	4.0%	0.3%	100.0%		
674,316	2,120,760	963,245	158,029	10,050	3,926,400	0	0.0%

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

Aperion care Burbank
5701 west 79th street
Burbank, IL. 60459

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
708-499-4500

Registered Agent Information
VCORP Agent Services
208 S Lasalle st, ste 814
Chicago, IL 60604

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	240
Total Discharges 2017	240
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	5
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	4
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	56	56	56	56	54	2	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	54	2	56	56

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8049	39.4%	3209	15.7%	5733	933	1722	0	19646	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	8049	39.4%	3209	15.7%	5733	933	1722	0	19646	96.1%	96.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	23	31	0	0	0	0	0	0	23	31	54

Aperion care Burbank
5701 west 79th street
Burbank, IL. 60459

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	804	0	0	0	0	0	804
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	804	0	0	0	0	0	804

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	35	0	0	0	35
Race Unknown	1	0	0	0	1
Total	54	0	0	0	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	5	0	0	0	5
Total	54	0	0	0	54

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	80.00
Physicians	40.00
Director of Nursing	80.00
Registered Nurses	380.00
LPN's	420.00
Certified Aides	1020.00
Other Health Staff	600.00
Non-Health Staff	720.00
Totals	3340.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
64.1%	9.0%	17.3%	3.5%	6.1%	100.0%		
4,370,382	614,623	1,177,419	241,350	419,298	6,823,072	0	0.0%

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

Aperion Care Cairo
2001 Cedar St.
Cairo, IL. 62914

Reference Numbers

Facility ID	6010342	
Health Service Area	005	
Planning Service Area	003	Alexander/Pulaski
County	003	Alexander County

Administrator
Jamie Sterling

Contact Person and Telephone
Jamie Sterling
618-734-1700

Registered Agent Information

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	80
Total Discharges 2017	42
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	64
Non-Medical Conditions	3
TOTALS	73

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	83	83	73	83	73	10	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	73	10	83	83

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2782	9.2%	22557	74.5%	0	87	721	0	26147	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	2782	9.2%	22557	74.5%	0	87	721	0	26147	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	8	5	13
60 to 64	7	2	0	0	0	0	0	0	7	2	9
65 to 74	0	9	0	0	0	0	0	0	0	9	9
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	31	28	0	0	0	0	0	0	31	28	59

Aperion Care Cairo
2001 Cedar St.
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	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
Nursing Care	160	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	42	0	0	0	42
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	0.12
Director of Nursing	1.00
Registered Nurses	4.42
LPN's	4.76
Certified Aides	29.13
Other Health Staff	2.40
Non-Health Staff	27.87
Totals	70.70

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
27.3%	61.3%	8.0%	1.2%	2.2%	100.0%		
1,251,182	2,813,245	367,090	54,090	100,445	4,586,052	0	0.0%

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

Aperion Care Capitol
555 W Carpenter Street
Springfield, IL. 62702

Reference Numbers

Facility ID	6002489	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Gary Coulter

Contact Person and Telephone
Gary Coulter
217-525-1880

Registered Agent Information
Tina Strimbu
4655 West Chase
Lincolnwood, IL 60712

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	279
Total Discharges 2017	262
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	4
Circulatory System	30
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 18

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	251	151	124	151	124	127	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	151	124	151	124	127	251	251

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4536	5.0%	31842	34.8%	4231	1466	723	0	42798	46.7%	77.7%
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	4536	5.0%	31842	34.8%	4231	1466	723	0	42798	46.7%	77.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	16	0	0	0	0	0	0	8	16	24
60 to 64	20	9	0	0	0	0	0	0	20	9	29
65 to 74	19	18	0	0	0	0	0	0	19	18	37
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	55	69	0	0	0	0	0	0	55	69	124

Aperion Care Capitol
555 W Carpenter Street
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	115	0	0	2	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	7	115	0	0	2	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	94	0	0	0	94
Race Unknown	1	0	0	0	1
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	1.50
Director of Nursing	1.00
Registered Nurses	7.10
LPN's	26.70
Certified Aides	52.71
Other Health Staff	6.61
Non-Health Staff	29.45
Totals	126.07

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
29.1%	57.5%	7.9%	3.4%	2.1%	100.0%		
2,217,687	4,381,443	599,011	262,419	163,307	7,623,867	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
Tamara Dobbins
708-481-4444

Registered Agent Information
VCorp Services, LLC
208 S Lasalle Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	188
Total Admissions 2017	130
Total Discharges 2017	129
Residents on 12/31/2017	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	28
Blood Disorders	5
*Nervous System Non Alzheimer	30
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	4
Circulatory System	35
Respiratory System	55
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	189

Total Residents Diagnosed as Mentally Ill 189

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	200	0	0	200	189	11	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	0	0	200	189	11	45	190

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	64642	93.2%	0	0	0	0	64642	88.6%	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	0	0.0%	64642	93.2%	0	0	0	0	64642	88.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	21	0	0	0	0	0	0	60	21	81
45 to 59	39	26	0	0	0	0	0	0	39	26	65
60 to 64	14	10	0	0	0	0	0	0	14	10	24
65 to 74	12	5	0	0	0	0	0	0	12	5	17
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	127	62	0	0	0	0	0	0	127	62	189

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	189	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	0	189	0	0	0	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	119	0	0	0	119
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
Race Unknown	0	0	0	0	0
Total	189	0	0	0	189

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	181	0	0	0	181
Ethnicity Unknown	0	0	0	0	0
Total	189	0	0	0	189

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	26.00
Other Health Staff	20.00
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
0.0%	11.5%	88.4%	0.1%	0.0%	100.0%		
0	1,202,117	9,233,036	7,003	0	10,442,156		0.0%

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

Aperion Care Dolton
14325 South 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 FRANKEL
4655 WEST CHASE AVE.
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	141
Total Discharges 2017	141
Residents on 12/31/2017	65

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	80	78	78	78	65	15	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	80	78	78	78	65	15	88	88

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.7%	5340	16.6%	13032	1188	152	0	23142	79.3%	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	3430	10.7%	5340	16.6%	13032	1188	152	0	23142	79.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	0	0	0	0	0	0	7	0	7
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	26	39	0	0	0	0	0	0	26	39	65

Aperion Care Dolton
14325 South 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	13	44	0	2	1	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	5	13	44	0	2	1	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	57	0	0	0	57
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
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	3	0	0	0	3
Non-Hispanic	62	0	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	65	0	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	12.00
Certified Aides	22.00
Other Health Staff	3.00
Non-Health Staff	17.00
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
35.5%	17.1%	41.9%	4.4%	1.0%	100.0%		
2,112,865	1,019,598	2,491,532	263,660	57,548	5,945,203	0	0.0%

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

Aperion Care Elgin
134 N McLean Ave
Elgin, IL. 60123

Reference Numbers

Facility ID	6005847	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
David Glat

Contact Person and Telephone
David Glat
847-742-8822

Registered Agent Information
Fred Frankel
4655 W Chase Ave
Lincolnwood, IL 60123

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	96
Total Discharges 2017	91
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	26
Developmental Disability	1
Circulatory System	14
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	90

Total Residents Diagnosed as Mentally Ill 71

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	102	101	96	101	90	12	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	101	96	101	90	12	102	102

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3049	8.2%	29069	78.1%	0	210	810	0	33138	89.0%	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	3049	8.2%	29069	78.1%	0	210	810	0	33138	89.0%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	9	6	0	0	0	0	0	0	9	6	15
65 to 74	8	19	0	0	0	0	0	0	8	19	27
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	38	52	0	0	0	0	0	0	38	52	90

Aperion Care Elgin
134 N McLean Ave
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	10	77	0	0	3	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	10	77	0	0	3	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	4	0	0	0	4
White	80	0	0	0	80
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	15	0	0	0	15
Non-Hispanic	75	0	0	0	75
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	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
23.7%	18.5%	50.2%	4.1%	3.5%	100.0%		
1,660,886	1,293,119	3,519,806	287,716	243,872	7,005,399	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
Meir Katzenstein
847-869-1300

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	34
Total Discharges 2017	33
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
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	57	0	0	57	54	3	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	0	0	57	54	3	0	57

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	13	0.1%	38	0	2	0	54	0.3%	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	1	0.0%	13	0.1%	38	0	2	0	54	0.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	10	7	0	0	0	0	0	0	10	7	17
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	25	29	0	0	0	0	0	0	25	29	54

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	1	13	38	0	2	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	13	38	0	2	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	245
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	34	0	0	0	34
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	2	0	0	0	2
Non-Hispanic	52	0	0	0	52
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	2.75
LPN's	6.50
Certified Aides	15.50
Other Health Staff	2.00
Non-Health Staff	13.00
Totals	41.75

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
23.8%	19.3%	50.2%	2.0%	4.6%	100.0%		
1,117,977	906,514	2,353,929	94,228	218,032	4,690,680	0	0.0%

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

Aperion Care Fairfield
305 Northwest St 11th Street
Faifield , IL. 62837

Reference Numbers

Facility ID	6009815	
Health Service Area	005	
Planning Service Area	191	Wayne
County	191	Wayne County

Administrator
Chad Foster

Contact Person and Telephone
Chad Foster
618-842-3036

Registered Agent Information
V-Corp Agent Services
208 S LaSalle Street #814
Chicago, IL 60604

Date Questionnaire Completed 5/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	113
Total Discharges 2017	104
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	0
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	104	99	62	99	62	42	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	99	62	99	62	42	104	104

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2357	6.2%	12062	31.8%	714	616	46	0	15795	41.6%	43.7%
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	2357	6.2%	12062	31.8%	714	616	46	0	15795	41.6%	43.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
65 to 74	2	4	0	0	0	0	0	0	2	4	6
75 to 84	13	14	0	0	0	0	0	0	13	14	27
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	25	37	0	0	0	0	0	0	25	37	62

Aperion Care Fairfield
305 Northwest St 11th Street
Faifield , 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	39	0	0	0	14	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	39	0	0	0	14	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.30
Director of Nursing	1.00
Registered Nurses	14.50
LPN's	7.20
Certified Aides	44.40
Other Health Staff	18.90
Non-Health Staff	24.70
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
30.0%	46.5%	2.6%	2.9%	18.0%	100.0%		
1,135,061	1,756,329	98,277	108,984	678,933	3,777,584	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
Scott Widener

Contact Person and Telephone
Scott Widener
309-342-2103

Registered Agent Information

Date Questionnaire Completed 4/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	107
Total Discharges 2017	104
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	20
Mental Illness	49
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	20
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 49

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	101	104	99	5	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	104	104	101	104	99	5	28	108

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1733	17.0%	37471	95.1%	0	60	900	0	40164	105.8%	105.8%
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	1733	17.0%	37471	95.1%	0	60	900	0	40164	105.8%	105.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	9	0	0	0	0	0	0	9	9	18
45 to 59	18	13	0	0	0	0	0	0	18	13	31
60 to 64	16	7	0	0	0	0	0	0	16	7	23
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	57	42	0	0	0	0	0	0	57	42	99

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	3	82	11	1	2	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	3	82	11	1	2	0	99

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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.	1	0	0	0	1
White	84	0	0	0	84
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	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	4.00
LPN's	18.00
Certified Aides	36.00
Other Health Staff	4.00
Non-Health Staff	33.00
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
14.9%	47.1%	31.6%	3.3%	3.1%	100.0%		
888,955	2,810,067	1,881,919	198,563	182,568	5,962,072	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 4/8/2019

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	118
Total Discharges 2017	115
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	24
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	11
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	104	104	0	104	78	26	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	0	104	78	26	104	104

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3502	9.2%	7530	19.8%	11004	1193	5670	0	28899	76.1%	76.1%
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	3502	9.2%	7530	19.8%	11004	1193	5670	0	28899	76.1%	76.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	1	0	0	0	0	0	0	3	1	4
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	25	53	0	0	0	0	0	0	25	53	78

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	6	13	43	0	16	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	6	13	43	0	16	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	3	0	0	0	3
White	62	0	0	0	62
Race Unknown	2	0	0	0	2
Total	78	0	0	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	3.00
Non-Health Staff	23.00
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
27.6%	18.8%	27.5%	3.6%	22.5%	100.0%		
2,011,137	1,372,312	2,003,818	264,739	1,643,260	7,295,266	0	0.0%

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

Aperion Care International
4815 S 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 W Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	157
Total Admissions 2017	508
Total Discharges 2017	497
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	34
Endocrine/Metabolic	14
Blood Disorders	8
*Nervous System Non Alzheimer	13
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	12
Digestive System	7
Genitourinary System Disorders	10
Skin Disorders	6
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	173	181	162	56	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	173	181	162	56	218	218

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	12	4	0	0	0	0	0	0	12	4	16
60 to 64	9	9	0	0	0	0	0	0	9	9	18
65 to 74	19	15	0	0	0	0	0	0	19	15	34
75 to 84	25	32	0	0	0	0	0	0	25	32	57
85+	13	27	0	0	0	0	0	0	13	27	40
TOTALS	80	88	0	0	0	0	0	0	80	88	168

Aperion Care International
4815 S 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	70	0	0	0	70
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	20	0	0	0	20
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	70	0	0	0	70
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	2.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	22.00
Certified Aides	40.00
Other Health Staff	30.00
Non-Health Staff	20.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
55.1%	9.7%	24.3%	7.7%	3.1%	100.0%		
10,769,108	1,893,549	4,750,990	1,504,444	611,993	19,530,084	0	0.0%

*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 4/16/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	9
Total Discharges 2017	9
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	0
Circulatory System	0
Respiratory System	34
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	65

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	65	0	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	65	0	0	65

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18992	80.1%	4047	16	0	0	23055	97.2%	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	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	18992	80.1%	4047	16	0	0	23055	97.2%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	5	0	0	0	0	0	0	10	5	15
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	11	10	0	0	0	0	0	0	11	10	21
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	37	28	0	0	0	0	0	0	37	28	65

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	65	0	0	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	0	65	0	0	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0	0	0	0	0
Race Unknown	61	0	0	0	61
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	6.00
Certified Aides	18.00
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%	82.3%	17.6%	0.1%	0.0%	100.0%		
0	2,715,574	581,563	2,273	0	3,299,410	0	0.0%

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

Aperion Care Marseilles
578 Commercial St.
Marseilles, IL. 61341

Reference Numbers

Facility ID	6008015	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Heather Bassett

Contact Person and Telephone
Jodi Jude
815-795-5121

Registered Agent Information

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	64
Total Admissions 2017	17
Total Discharges 2017	11
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	16
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
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	103	0	0	0	68	35	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	0	0	68	35	103	102

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	44	0.1%	0	1	4	0	62	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	13	0.0%	44	0.1%	0	1	4	0	62	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	0	0	0	0	0	0	9	3	12
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	33	35	0	0	0	0	0	0	33	35	68

Aperion Care Marseilles
578 Commercial St.
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	13	46	4	1	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	13	46	4	1	4	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
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	10.00
LPN's	3.00
Certified Aides	20.00
Other Health Staff	1.00
Non-Health Staff	7.00
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
38.3%	44.3%	3.0%	6.5%	7.9%	100.0%		
1,962,633	2,270,563	152,202	333,518	403,117	5,122,033	0	0.0%

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

Aperion Care Mascoutah
901 N. 10Th 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
Michael Olson

Contact Person and Telephone
Michael Olson
618-566-2183

Registered Agent Information
Frederick S. Frankel
4655 West Chase
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	39
Total Admissions 2017	66
Total Discharges 2017	68
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	37

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	55	52	51	48	37	18	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	52	51	48	37	18	55	55

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	860	4.3%	9216	45.9%	2224	541	2133	0	14974	74.6%	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	860	4.3%	9216	45.9%	2224	541	2133	0	14974	74.6%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	3	0	0	0	0	0	0	2	3	5
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	9	1	0	0	0	0	0	0	9	1	10
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	18	19	0	0	0	0	0	0	18	19	37

Aperion Care Mascoutah
901 N. 10Th 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	5	29	0	1	2	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	5	29	0	1	2	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	32	0	0	0	32
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	2.40
LPN's	3.50
Certified Aides	14.35
Other Health Staff	2.00
Non-Health Staff	9.00
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
17.6%	52.9%	12.9%	3.3%	13.3%	100.0%		
421,549	1,269,406	308,896	80,197	318,893	2,398,941	0	0.0%

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

Aperion Care Midlothian 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
Lincolnwood, IL 60712

Date Questionnaire Completed 3/13/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	81
Total Discharges 2017	83
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	32
Developmental Disability	3
Circulatory System	11
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 32

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	91	91	91	91	83	8	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	91	91	83	8	48	91

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1780	10.2%	5915	17.8%	23314	104	174	0	31287	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	1780	10.2%	5915	17.8%	23314	104	174	0	31287	94.2%	94.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	17	7	0	0	0	0	0	0	17	7	24
60 to 64	13	4	0	0	0	0	0	0	13	4	17
65 to 74	16	11	0	0	0	0	0	0	16	11	27
75 to 84	3	6	0	0	0	0	0	0	3	6	9
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	53	30	0	0	0	0	0	0	53	30	83

Aperion Care Midlothian 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	77	0	1	0	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	5	77	0	1	0	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	40	0	0	0	40
Race Unknown	9	0	0	0	9
Total	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	75	0	0	0	75
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	10.68
Certified Aides	20.00
Other Health Staff	6.00
Non-Health Staff	17.00
Totals	57.88

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
16.3%	16.7%	65.7%	0.7%	0.6%	100.0%		
998,412	1,020,216	4,017,698	41,609	38,280	6,116,215	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
VCorp Agent Services
208 S LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	125
Total Discharges 2017	115
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	36
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 76

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	93	120	91	29	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	93	120	91	29	72	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1249	4.8%	15565	35.5%	9284	2123	899	0	29120	66.5%	66.5%
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	1249	4.8%	15565	35.5%	9284	2123	899	0	29120	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	17	5	0	0	0	0	0	0	17	5	22
60 to 64	15	9	0	0	0	0	0	0	15	9	24
65 to 74	6	10	0	0	0	0	0	0	6	10	16
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	47	44	0	0	0	0	0	0	47	44	91

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	2	87	0	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	2	87	0	0	2	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	71	0	0	0	71
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	2	0	0	0	2
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	89	0	0	0	89
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	4.00
LPN's	12.00
Certified Aides	37.00
Other Health Staff	4.00
Non-Health Staff	26.00
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
12.4%	48.7%	29.0%	6.6%	3.2%	100.0%		
644,386	2,526,031	1,504,343	342,158	168,035	5,184,953	0	0.0%

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

Aperion Care Morton Terrace
191 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

Registered Agent Information
VCorp Agent Services, Inc.
208 Lasalle St. Suite 814
Chicago, IL 60604

Date Questionnaire Completed 5/24/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	118
Total Discharges 2017	142
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	23
Developmental Disability	1
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill 41

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	166	166	81	166	44	122	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	81	166	44	122	46	166

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	989	5.9%	15412	25.4%	6321	1472	583	0	24777	40.9%	40.9%
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	989	5.9%	15412	25.4%	6321	1472	583	0	24777	40.9%	40.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	0	3	0	3
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	19	25	0	0	0	0	0	0	19	25	44

Aperion Care Morton Terrace
191 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	2	37	4	0	1	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	2	37	4	0	1	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	39	0	0	0	39
Total	44	0	0	0	44

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	42	0	0	0	42
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	3.15
LPN's	8.50
Certified Aides	22.70
Other Health Staff	0.00
Non-Health Staff	25.00
Totals	61.35

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
11.5%	55.9%	24.1%	5.5%	3.1%	100.0%		
436,527	2,129,207	918,521	210,711	117,280	3,812,246	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 4/11/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	104
Total Discharges 2017	97
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	1
Circulatory System	15
Respiratory System	19
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	90

Total Residents Diagnosed as Mentally Ill 7

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	106	105	90	105	90	16	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	105	90	105	90	16	106	106

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1989	5.1%	24348	62.9%	0	300	2579	0	29216	75.5%	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	1989	5.1%	24348	62.9%	0	300	2579	0	29216	75.5%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	9	4	13
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	33	57	0	0	0	0	0	0	33	57	90

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	78	0	1	8	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	3	78	0	1	8	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
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	3.00
LPN's	4.62
Certified Aides	12.29
Other Health Staff	2.00
Non-Health Staff	19.22
Totals	43.13

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
19.6%	52.3%	10.2%	7.7%	10.2%	100.0%		
968,628	2,582,776	501,503	379,950	503,070	4,935,927	0	0.0%

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

Aperion Care Oak Lawn
9401 South 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
Norme Torres

Contact Person and Telephone
Norme Torres
708-599-6700 x2203

Registered Agent Information

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	106
Total Admissions 2017	179
Total Discharges 2017	177
Residents on 12/31/2017	108

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	22
Blood Disorders	0
*Nervous System Non Alzheimer	36
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	18
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
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	134	0	0	0	108	26	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	0	0	0	108	26	134	134

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4778	9.8%	7118	14.6%	22766	5176	1439	0	41277	84.4%	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	4778	9.8%	7118	14.6%	22766	5176	1439	0	41277	84.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	14	16	0	0	0	0	0	0	14	16	30
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	9	14	0	0	0	0	0	0	9	14	23
TOTALS	50	58	0	0	0	0	0	0	50	58	108

Aperion Care Oak Lawn
9401 South 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	11	96	0	1	0	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	11	96	0	1	0	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	8	0	0	0	8
Total	108	0	0	0	108

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	4	0	0	0	4
Total	108	0	0	0	108

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	13.60
Certified Aides	36.40
Other Health Staff	0.20
Non-Health Staff	30.00
Totals	88.40

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
26.3%	13.8%	48.8%	7.4%	3.7%	100.0%		
2,691,468	1,412,438	4,987,774	759,954	375,768	10,227,402	0	0.0%

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

Aperion Care of 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 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	56
Total Discharges 2017	51
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	12
Mental Illness	2
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	2
TOTALS	66

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	85	66	85	66	33	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	66	85	66	33	56	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3083	15.1%	17831	49.3%	384	291	1758	0	23347	64.6%	75.3%
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	3083	15.1%	17831	49.3%	384	291	1758	0	23347	64.6%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	17	49	0	0	0	0	0	0	17	49	66

Aperion Care of 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	5	32	19	1	9	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	5	32	19	1	9	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	66
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	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	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
30.6%	47.9%	2.4%	3.8%	15.3%	100.0%		
1,410,687	2,207,869	111,676	174,243	704,187	4,608,662	0	0.0%

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

Aperion Care of Wilmington
555 W Kahler Road
Wilmington, IL. 60481

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
Annette Ashline
815-476-2200

Registered Agent Information
Fred Frankel
4655 W Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/10/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	155
Total Admissions 2017	184
Total Discharges 2017	183
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	73
Developmental Disability	6
Circulatory System	21
Respiratory System	4
Digestive System	13
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 145

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	171	171	161	171	156	15	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	161	171	156	15	80	171

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2929	10.0%	49953	80.0%	0	0	1428	0	54310	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	2929	10.0%	49953	80.0%	0	0	1428	0	54310	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	35	21	0	0	0	0	0	0	35	21	56
60 to 64	17	5	0	0	0	0	0	0	17	5	22
65 to 74	23	15	0	0	0	0	0	0	23	15	38
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	93	63	0	0	0	0	0	0	93	63	156

Aperion Care of Wilmington
555 W Kahler Road
Wilmington, IL. 60481

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	10	142	0	0	4	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	10	142	0	0	4	0	156

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	135	0	0	0	135
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	10	0	0	0	10
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	18	0	0	0	18
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	7.00
LPN's	15.00
Certified Aides	26.00
Other Health Staff	9.00
Non-Health Staff	23.00
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
15.7%	14.0%	62.3%	4.7%	3.2%	100.0%		
1,635,443	1,459,118	6,468,154	492,710	331,437	10,386,862	0	0.0%

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

Aperion Care Olney
900 E Scott St
Olney, IL. 62450

Reference Numbers

Facility ID	6001275	
Health Service Area	005	
Planning Service Area	159	Richland
County	159	Richland County

Administrator
Beth Horton

Contact Person and Telephone
Beth Horton
618-395-1000

Registered Agent Information
V Corp Agent Services
208 S LaSalle St #814
Chicago, IL 60604

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	141
Total Discharges 2017	117
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	41
Developmental Disability	0
Circulatory System	12
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 41

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	157	157	0	121	94	63	157	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	157	157	0	121	94	63	157	157

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3055	5.3%	17116	29.9%	1963	163	5527	0	27824	48.6%	48.6%
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	3055	5.3%	17116	29.9%	1963	163	5527	0	27824	48.6%	48.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	10	0	0	0	0	0	0	7	10	17
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	11	4	0	0	0	0	0	0	11	4	15
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	36	58	0	0	0	0	0	0	36	58	94

Aperion Care Olney
900 E Scott St
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	70	0	0	16	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	8	70	0	0	16	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	89	0	0	0	89
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	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	0.60
Director of Nursing	1.00
Registered Nurses	6.40
LPN's	17.50
Certified Aides	46.90
Other Health Staff	18.70
Non-Health Staff	41.00
Totals	133.10

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
28.5%	47.4%	5.4%	1.3%	17.4%	100.0%		
1,548,742	2,574,511	296,070	69,580	944,197	5,433,100	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 East 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

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	212
Total Discharges 2017	113
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	16
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	6
Respiratory System	11
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	55

Total Residents Diagnosed as Mentally Ill 6

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	110	0	0	0	72	38	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	0	72	38	110	110

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2292	5.7%	21618	53.8%	0	0	0	0	23910	59.6%	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	2292	5.7%	21618	53.8%	0	0	0	0	23910	59.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	8	0	0	0	0	0	0	10	8	18
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	9	12	0	0	0	0	0	0	9	12	21
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	36	36	0	0	0	0	0	0	36	36	72

Aperion Care Peoria Heights
1629 East 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	7	65	0	0	0	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	7	65	0	0	0	0	72

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	59	0	0	0	59
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	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	0.40
Director of Nursing	1.00
Registered Nurses	1.80
LPN's	11.70
Certified Aides	20.74
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	36.64

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
29.5%	59.6%	0.0%	10.2%	0.8%	100.0%		
881,942	1,783,520	0	304,303	23,855	2,993,620	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 Schlack
847-358-0311

Registered Agent Information
Fred Frankel
4655 West Chase Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	64
Total Discharges 2017	62
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	1
Circulatory System	15
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	10
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	63	67	67	67	63	0	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	63	67	67	67	63	0	5	69

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2101	115.1%	11713	46.5%	5150	96	3591	0	22651	98.5%	92.6%
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	2101	115.1%	11713	46.5%	5150	96	3591	0	22651	98.5%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	12	14	0	0	0	0	0	0	12	14	26
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	28	35	0	0	0	0	0	0	28	35	63

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	7	20	25	0	11	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	20	25	0	11	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	5	0	0	0	5
Non-Hispanic	58	0	0	0	58
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	2.00
Registered Nurses	4.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	20.45
Totals	53.45

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.2%	13.3%	39.8%	5.1%	18.6%	100.0%		
1,252,868	716,159	2,148,975	274,107	1,002,708	5,394,817	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 4/18/2019

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	109
Total Discharges 2017	106
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	8
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	75

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	92	82	78	82	75	17	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	82	78	82	75	17	92	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.8%	11949	35.6%	1615	1123	9149	0	26455	78.8%	88.4%
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	2619	7.8%	11949	35.6%	1615	1123	9149	0	26455	78.8%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	7	12	0	0	0	0	0	0	7	12	19
85+	7	27	0	0	0	0	0	0	7	27	34
TOTALS	23	52	0	0	0	0	0	0	23	52	75

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	5	43	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	5	43	0	0	27	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	73	0	0	0	73
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	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	0.40
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.40
Certified Aides	22.11
Other Health Staff	2.00
Non-Health Staff	22.00
Totals	58.91

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
25.0%	33.7%	4.7%	4.8%	31.7%	100.0%		
1,299,256	1,749,638	244,070	248,260	1,646,668	5,187,892	0	0.0%

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

Aperion Care Spring Valley
1300 N. Greenwood
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 62703

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	89
Total Admissions 2017	130
Total Discharges 2017	124
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	4
Circulatory System	8
Respiratory System	27
Digestive System	12
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	16
Non-Medical Conditions	5
TOTALS	95

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	98	95	95	98	95	3	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	95	95	98	95	3	98	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4845	13.5%	25677	71.8%	1520	470	2520	0	35032	97.9%	101.0%
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	4845	13.5%	25677	71.8%	1520	470	2520	0	35032	97.9%	101.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	8	11	0	0	0	0	0	0	8	11	19
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	37	58	0	0	0	0	0	0	37	58	95

Aperion Care Spring Valley
1300 N. Greenwood
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	13	72	0	0	10	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	72	0	0	10	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	94	0	0	0	94
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	2	0	0	0	2
Non-Hispanic	93	0	0	0	93
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	9.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	0.00
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
34.1%	42.6%	8.4%	6.6%	8.2%	100.0%		
2,394,286	2,995,647	593,542	466,670	577,029	7,027,174	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 4/17/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	32
Total Discharges 2017	32
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	61
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	61

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	59	0.2%	0	0	2	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%	59	0.2%	0	0	2	0	61	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	6	0	0	0	0	0	0	8	6	14
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	12	5	0	0	0	0	0	0	12	5	17
75 to 84	5	1	0	0	0	0	0	0	5	1	6
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	41	20	0	0	0	0	0	0	41	20	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	59	0	0	2	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	59	0	0	2	0	61

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	50	0	0	0	50
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	2.00
LPN's	7.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	18.00
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%	76.5%	18.9%	2.2%	2.4%	100.0%		
0	2,556,190	632,324	72,049	79,453	3,340,016	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
Fred Frankel
4655 W Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	40
Total Admissions 2017	60
Total Discharges 2017	51
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	9
Developmental Disability	1
Circulatory System	5
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	49

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	60	56	49	56	49	11	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	49	56	49	11	44	60

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2144	13.3%	11317	51.7%	462	75	2334	0	16332	74.6%	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	2144	13.3%	11317	51.7%	462	75	2334	0	16332	74.6%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	1	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	17	32	0	0	0	0	0	0	17	32	49

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	7	37	0	0	5	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	7	37	0	0	5	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	1.00
Non-Health Staff	14.50
Totals	44.50

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
30.2%	54.6%	2.2%	0.7%	12.3%	100.0%		
1,002,662	1,814,099	73,653	24,205	409,789	3,324,408	0	0.0%

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

Aperion Care Toluca
101 E. Via Ghiglieri
Toluca , IL. 61369

Reference Numbers

Facility ID	6006308	
Health Service Area	002	
Planning Service Area	123	Marshall/Stark
County	123	Marshall County

Administrator
Lisa A. Helms

Contact Person and Telephone
Lisa A. Helms
309-397-7198

Registered Agent Information
Fred Frankel
4655 W. Chase Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	77
Total Discharges 2017	69
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	17
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	43
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	78

Total Residents Diagnosed as Mentally Ill 38

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	104	104	78	104	78	26	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	104	78	104	78	26	65	104

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1815	7.7%	16207	42.7%	7159	351	966	0	26498	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	0	0	0	0.0%	0.0%
TOTALS	1815	7.7%	16207	42.7%	7159	351	966	0	26498	69.8%	69.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	13	0	0	0	0	0	0	19	13	32
60 to 64	9	6	0	0	0	0	0	0	9	6	15
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	7	3	0	0	0	0	0	0	7	3	10
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	44	34	0	0	0	0	0	0	44	34	78

Aperion Care Toluca
101 E. Via Ghiglieri
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	42	0	27	2	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	42	0	27	2	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	69	0	0	0	69
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	2	0	0	0	2
Non-Hispanic	74	0	0	0	74
Ethnicity Unknown	2	0	0	0	2
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	5.90
LPN's	10.34
Certified Aides	24.74
Other Health Staff	2.00
Non-Health Staff	26.18
Totals	71.16

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
20.1%	51.3%	22.7%	1.7%	4.2%	100.0%		
968,697	2,471,811	1,093,687	79,837	204,360	4,818,392	0	0.0%

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

Aperion Care West Chicago
201 West 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
Fred Frashed
4655 West Chase
Lincolnwood, IL 60712

Date Questionnaire Completed

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	207
Total Admissions 2017	65
Total Discharges 2017	47
Residents on 12/31/2017	225

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	36
Developmental Disability	1
Circulatory System	0
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	44

Total Residents Diagnosed as Mentally Ill	36
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	213	0	0	211	208	5	213	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	0	0	211	208	5	213	213

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	200	0.3%	0	0	5	0	208	0.3%	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	3	0.0%	200	0.3%	0	0	5	0	208	0.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	78	29	0	0	0	0	0	0	78	29	107
45 to 59	23	14	0	0	0	0	0	0	23	14	37
60 to 64	27	15	0	0	0	0	0	0	27	15	42
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	138	70	0	0	0	0	0	0	138	70	208

Aperion Care West Chicago
201 West 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	200	0	5	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	3	0	200	0	5	0	208

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	190	0	0	0	190
Race Unknown	6	0	0	0	6
Total	208	0	0	0	208

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	203	0	0	0	203
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	11.00
LPN's	12.00
Certified Aides	17.00
Other Health Staff	17.00
Non-Health Staff	10.00
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
1.1%	2.5%	95.9%	0.1%	0.4%	100.0%		
876,348	1,951,034	74,513,090	68,842	306,475	77,715,789	0	0.0%

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

aperion forest park
8200 w. roosevelt rd.
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
martin lee

Contact Person and Telephone
martin lee
708-488-9850

Registered Agent Information
Fred Frankel
4655 n. chase ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	156
Total Admissions 2017	454
Total Discharges 2017	452
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	8
Blood Disorders	5
*Nervous System Non Alzheimer	48
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	17
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	158

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	232	204	180	204	158	74	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	180	204	158	74	227	232

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8450	10.2%	16147	19.1%	28588	3415	3189	0	59789	70.6%	80.3%
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	8450	10.2%	16147	19.1%	28588	3415	3189	0	59789	70.6%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	11	4	0	0	0	0	0	0	11	4	15
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	11	21	0	0	0	0	0	0	11	21	32
75 to 84	25	20	0	0	0	0	0	0	25	20	45
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	68	90	0	0	0	0	0	0	68	90	158

aperion forest park
8200 w. roosevelt rd.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	131	0	3	7	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	17	131	0	3	7	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	98	0	0	0	98
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
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	18	0	0	0	18
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	12.00
LPN's	36.00
Certified Aides	45.00
Other Health Staff	16.00
Non-Health Staff	32.00
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
31.5%	19.9%	35.4%	7.3%	6.0%	100.0%		
4,973,063	3,140,190	5,583,675	1,145,536	941,425	15,783,889	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
Kimberly Joos

Contact Person and Telephone
Kimberly Joos
309-467-2311

Registered Agent Information

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	69
Total Discharges 2017	69
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	13
Mental Illness	14
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	34
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	95

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	100	100	94	94	88	12	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	7	2		
TOTAL BEDS	109	108	102	102	95	14	100	100

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	830	2.3%	5625	15.4%	0	0	26437	77	32969	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	2263	14	2277	69.3%	78.0%
TOTALS	830	2.3%	5625	15.4%	0	0	28700	91	35246	88.6%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	15	0	0	0	0	0	0	7	15	22
85+	17	44	0	0	0	0	1	6	18	50	68
TOTALS	24	64	0	0	0	0	1	6	25	70	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	4	14	0	0	70	0	88
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	4	14	0	0	77	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	216
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	140	140

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	7	95
Race Unknown	0	0	0	0	0
Total	88	0	0	7	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	88	0	0	7	95
Ethnicity Unknown	0	0	0	0	0
Total	88	0	0	7	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.00
Certified Aides	45.00
Other Health Staff	1.00
Non-Health Staff	47.00
Totals	116.00

NET REVENUE BY PAYOR 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%	10.6%	0.0%	0.0%	83.2%	100.0%		
473,249	794,602	0	0	6,260,717	7,528,568	20,427	0.3%

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

Apostolic Christian Home of Roanoke
1102 W Randolph St
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
Penny Maher
309-923-2071

Registered Agent Information
Nathan J Hoffman
1102 W Randolph St
Roanoke, IL 61561

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	55
Total Discharges 2017	50
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	3
Developmental Disability	1
Circulatory System	9
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	12
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	60	53	0	52	46	14	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	0	52	46	14	31	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	654	5.8%	4364	19.9%	0	0	0	0	5018	22.9%	25.9%
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	654	5.8%	4364	19.9%	0	0	0	0	5018	22.9%	25.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	4	6	10
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	12	35	0	0	0	0	0	0	12	35	47

Apostolic Christian Home of Roanoke
1102 W Randolph St
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	11	0	0	33	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	11	0	0	33	0	46

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	5.80
LPN's	3.21
Certified Aides	18.10
Other Health Staff	3.30
Non-Health Staff	30.80
Totals	63.21

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
7.0%	16.7%	0.0%	0.0%	76.4%	100.0%		
267,883	637,944	0	0	2,925,314	3,831,141	0	0.0%

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

Apostolic Christian Resthaven
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
Matthew Schambach
8701 S. Rood Road
Kingston, IL 60145

Date Questionnaire Completed 3/8/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	29
Total Discharges 2017	30
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	10
Developmental Disability	0
Circulatory System	10
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
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	50	0	0	50	47	3	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	47	3	0	50

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3429	18.8%	0	0	13252	0	16681	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	0	0.0%	3429	18.8%	0	0	13252	0	16681	91.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	13	34	0	0	0	0	0	0	13	34	47

Apostolic Christian Resthaven
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	12	0	0	35	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	12	0	0	35	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0	0
Race Unknown	45	0	0	0	45
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	9.40
LPN's	3.80
Certified Aides	27.70
Other Health Staff	0.00
Non-Health Staff	23.00
Totals	65.90

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%	7.4%	0.0%	0.0%	92.6%	100.0%		
0	310,733	0	0	3,889,450	4,200,183	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 4/10/2019

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 - 2018

Residents on 1/1/2017	112
Total Admissions 2017	94
Total Discharges 2017	94
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	9
Mental Illness	38
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	112	116	104	12	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	8	4		
TOTAL BEDS	128	126	122	126	112	16	48	34

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1555	8.9%	2722	21.9%	0	356	34245	0	38878	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	3224	0	3224	73.6%	88.3%
TOTALS	1555	8.9%	2722	21.9%	0	356	37469	0	42102	90.1%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	2	8	10
75 to 84	7	20	0	0	0	0	0	1	7	21	28
85+	20	47	0	0	0	0	1	6	21	53	74
TOTALS	29	75	0	0	0	0	1	7	30	82	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	4	7	0	3	90	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	0	8
TOTALS	4	7	0	3	98	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	304	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	187	200

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	104	0	0	8	112
Race Unknown	0	0	0	0	0
Total	104	0	0	8	112

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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.80
LPN's	9.00
Certified Aides	67.00
Other Health Staff	13.80
Non-Health Staff	59.40
Totals	174.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
5.9%	3.1%	0.0%	1.2%	89.8%	100.0%		
713,000	374,000	0	140,000	10,768,000	11,995,000	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 3/22/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	88
Total Discharges 2017	87
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
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	57	57	55	57	53	4	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	55	57	53	4	57	22

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1866	9.0%	1919	23.9%	0	0	15122	29	18936	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	1866	9.0%	1919	23.9%	0	0	15122	29	18936	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	1	0	1
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	10	43	0	0	0	0	0	0	10	43	53

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	4	6	0	0	43	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	6	0	0	43	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	237
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	6.61
LPN's	13.12
Certified Aides	45.03
Other Health Staff	3.57
Non-Health Staff	54.75
Totals	125.08

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
18.1%	6.1%	0.0%	0.0%	75.8%	100.0%		
885,192	296,178	0	0	3,698,336	4,879,706	5,001	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
Darrell Stoller

Contact Person and Telephone
Matthew D. Steffen
309-266-9781

Registered Agent Information
Darrell Stoller - Apostolic Christian LifePo
2125 Veterans Road
Morton, IL 61550

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	71
Total Admissions 2017	3
Total Discharges 2017	2
Residents on 12/31/2017	72

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	72
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	72

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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	74	74	73	74	72	2		74
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	74	74	73	74	72	2	0	74

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			26359	97.6%	0	0	0	0	26359	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	26359	97.6%	0	0	0	0	26359	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	14	0	0	14	14	28
45 to 59	0	0	0	0	10	16	0	0	10	16	26
60 to 64	0	0	0	0	0	2	0	0	0	2	2
65 to 74	0	0	0	0	1	11	0	0	1	11	12
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	25	47	0	0	25	47	72

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		72	0	0	0	0	72
Sheltered Care			0	0	0	0	0
TOTALS	0	72	0	0	0	0	72

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	70	0	70
Race Unknown	0	0	0	0	0
Total	0	0	72	0	72

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	71	0	71
Ethnicity Unknown	0	0	0	0	0
Total	0	0	72	0	72

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.28
LPN's	6.23
Certified Aides	64.58
Other Health Staff	15.44
Non-Health Staff	28.23
Totals	128.76

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
0.0%	91.4%	0.0%	8.6%	0.0%	100.0%		
0	6,714,443	0	631,743	218	7,346,404	449,065	6.1%

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

Arbour Healthcare
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
Michael Jacobson

Contact Person and Telephone
Michael Jacobson
773-465-7751

Registered Agent Information

Date Questionnaire Completed 3/20/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	51
Total Discharges 2017	55
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	33
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	11
TOTALS	92

Total Residents Diagnosed as Mentally Ill 3

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	99	99	96	99	92	7	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	92	7	0	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	865	0.0%	32613	90.3%	0	0	0	0	33478	92.6%	92.6%
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	865	0.0%	32613	90.3%	0	0	0	0	33478	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	16	8	0	0	0	0	0	0	16	8	24
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	56	36	0	0	0	0	0	0	56	36	92

Arbour Healthcare
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	84	0	0	0	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	8	84	0	0	0	0	92

AVERAGE DAILY PAYMENT RATES

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

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	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	50	0	0	0	50
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	2	0	0	0	2
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
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	2.20
LPN's	2.30
Certified Aides	1.68
Other Health Staff	3.00
Non-Health Staff	2.00
Totals	13.18

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
10.2%	89.8%	0.0%	0.0%	0.0%	100.0%		
529,101	4,676,777	0	0	0	5,205,878	0	0.0%

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

Arcola Health Care Center
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/7/2019

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	47
Total Discharges 2017	42
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	48
Developmental Disability	1
Circulatory System	6
Respiratory System	1
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	82

Total Residents Diagnosed as Mentally Ill 75

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	100	100	85	100	82	18	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	85	100	82	18	50	100

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2018	11.1%	26013	71.3%	0	0	1229	0	29260	80.2%	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	2018	11.1%	26013	71.3%	0	0	1229	0	29260	80.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	6	5	11
60 to 64	8	3	0	0	0	0	0	0	8	3	11
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	8	10	0	0	0	0	0	0	8	10	18
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	37	45	0	0	0	0	0	0	37	45	82

Arcola Health Care Center
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	4	61	13	0	4	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	4	61	13	0	4	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	7.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	8.00
Non-Health Staff	29.00
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
9.3%	85.6%	0.0%	0.3%	4.8%	100.0%		
320,222	2,954,425	0	10,683	166,556	3,451,886	0	0.0%

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

Arista Healthcare
1136 North 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
Aaron Singer
847-383-9102

Registered Agent Information
VCorp
25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	117
Total Discharges 2017	121
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	0
Mental Illness	3
Developmental Disability	0
Circulatory System	25
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	9
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	153	153	84	153	74	79	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	153	84	153	74	79	153	153

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2618	4.7%	12568	22.5%	0	0	1429	0	16615	29.8%	29.8%
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	2618	4.7%	12568	22.5%	0	0	1429	0	16615	29.8%	29.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	8	3	11
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	11	11	0	0	0	0	0	0	11	11	22
85+	6	10	0	0	0	0	0	0	6	10	16
TOTALS	36	38	0	0	0	0	0	0	36	38	74

Arista Healthcare
1136 North 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	58	0	0	6	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	58	0	0	6	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	246
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
Race Unknown	6	0	0	0	6
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	66	0	0	0	66
Ethnicity Unknown	6	0	0	0	6
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	12.00
LPN's	9.00
Certified Aides	23.00
Other Health Staff	3.00
Non-Health Staff	20.00
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
35.3%	55.8%	0.0%	0.0%	8.8%	100.0%		
1,519,093	2,401,338	0	0	379,775	4,300,206	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 S Eberhardt Drive
Arthur, IL 61911

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	80
Total Discharges 2017	80
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

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	53	0	0	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	0	0	53	45	8	53	53

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2499	12.9%	7848	40.6%	0	0	6014	0	16361	84.6%	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	2499	12.9%	7848	40.6%	0	0	6014	0	16361	84.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	2	0	0	0	0	0	0	0	2	0	2
75 to 84	6	7	0	0	0	0	0	0	6	7	13
85+	7	21	0	0	0	0	0	0	7	21	28
TOTALS	16	29	0	0	0	0	0	0	16	29	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	4	25	0	0	16	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	25	0	0	16	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
Registered Nurses	4.00
LPN's	7.00
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	26.00
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
34.5%	23.5%	0.0%	0.0%	42.0%	100.0%		
1,212,802	826,601	0	0	1,478,943	3,518,346	0	0.0%

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

Asbury Gardens Nursing and Rehab
212 Airport Rd
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
Michael Zahtz
7040 N Ridgeway Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 2/25/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	223
Total Discharges 2017	221
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	28
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	55

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	75	75	70	75	55	20	75	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	75	75	70	75	55	20	75	49

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6866	25.1%	12223	68.3%	0	0	2287	0	21376	78.1%	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	6866	25.1%	12223	68.3%	0	0	2287	0	21376	78.1%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	1	0	0	0	0	0	0	5	1	6
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	3	30	0	0	0	0	0	0	3	30	33
TOTALS	15	40	0	0	0	0	0	0	15	40	55

Asbury Gardens Nursing and Rehab
212 Airport Rd
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	16	32	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	16	32	0	0	7	0	55

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	52	0	0	0	52
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	3	0	0	0	3
Non-Hispanic	52	0	0	0	52
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	9.00
LPN's	3.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	0.00
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
30.7%	18.2%	0.0%	0.0%	51.1%	100.0%		
3,806,601	2,260,373	0	0	6,331,480	12,398,454	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 x223

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	75.0%	0	0	0	0	4380	75.0%	75.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4380	75.0%	0	0	0	0	4380	75.0%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	8	4	0	0	8	4	12

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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 Rehabiliation and Healthcare
1403 9th Ave
Silvis, IL. 61282

Reference Numbers

Facility ID	6008205	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
ELIZABETH WEBSTER

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 2/27/2019

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 - 2018

Residents on 1/1/2017	38
Total Admissions 2017	51
Total Discharges 2017	55
Residents on 12/31/2017	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	18
Respiratory System	4
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	34

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	63	63	39	63	34	29	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	39	63	34	29	0	63

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11412	49.6%	0	0	599	0	12011	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	0	0.0%	11412	49.6%	0	0	599	0	12011	52.2%	52.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	5	0	0	0	0	0	0	2	5	7
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	12	22	0	0	0	0	0	0	12	22	34

Aspen Rehabiliation and Healthcare
1403 9th Ave
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	33	0	0	1	0	34
Skilled Under 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	33	0	0	1	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	30	0	0	0	30
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	2	0	0	0	2
Non-Hispanic	32	0	0	0	32
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	2.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	8.00
Non-Health Staff	7.00
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%	94.2%	0.0%	0.0%	5.8%	100.0%		
0	1,565,121	0	0	96,605	1,661,726	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
630-483-4742

Registered Agent Information
Corporation Service Company
2711 Centerville Road
Wilmington, DE 19808

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	71
Total Admissions 2017	315
Total Discharges 2017	316
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	4
Circulatory System	5
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	70

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	120	120	80	120	70	50	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	80	120	70	50	120	27

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10064	23.0%	5949	60.4%	0	1312	8741	0	26066	59.5%	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	10064	23.0%	5949	60.4%	0	1312	8741	0	26066	59.5%	59.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	5	6	11
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	17	53	0	0	0	0	0	0	17	53	70

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	15	0	1	24	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	30	15	0	1	24	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	373	357
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	0	0	0	1
Non-Hispanic	69	0	0	0	69
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	20.07
LPN's	15.25
Certified Aides	50.69
Other Health Staff	13.16
Non-Health Staff	109.01
Totals	210.18

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
54.9%	7.7%	0.0%	5.2%	32.2%	100.0%		
7,010,900	988,350	0	663,900	4,116,500	12,779,650	0	0.0%

*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 4/12/2019

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 - 2018

Residents on 1/1/2017	154
Total Admissions 2017	259
Total Discharges 2017	255
Residents on 12/31/2017	158

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	29
Blood Disorders	5
*Nervous System Non Alzheimer	14
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	77
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	158

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	158	158	6	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	158	158	6	164	164

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5057	8.4%	46493	77.7%	0	1321	3786	0	56657	94.6%	94.6%
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	5057	8.4%	46493	77.7%	0	1321	3786	0	56657	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	9	0	0	0	0	0	0	7	9	16
60 to 64	10	5	0	0	0	0	0	0	10	5	15
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	13	28	0	0	0	0	0	0	13	28	41
85+	21	34	0	0	0	0	0	0	21	34	55
TOTALS	66	92	0	0	0	0	0	0	66	92	158

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	16	132	0	0	10	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	16	132	0	0	10	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	36	0	0	0	36
American Indian	0	0	0	0	0
Black	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

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

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	52.00
Other Health Staff	4.00
Non-Health Staff	42.00
Totals	132.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.0%	67.6%	0.0%	5.4%	4.0%	100.0%		
3,194,867	9,374,211	0	743,167	553,200	13,865,445	0	0.0%

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

atrium rehab and nursing
1425 w estes ave
Chicago , IL. 60626

Reference Numbers

Facility ID	6003834	
Health Service Area	006	
Planning Service Area	601	Planning Area 6-A
County	031	Area 1 - Rogers Park

Administrator
ahahrondiena

Contact Person and Telephone
ari diena
773-973-480

Registered Agent Information
fran meehan much shelist
191 North Wacker Drive, Suite 180
Chicago, IL 60606

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	150
Total Admissions 2017	59
Total Discharges 2017	56
Residents on 12/31/2017	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	16
Circulatory System	29
Respiratory System	21
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	17
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	153

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	153	160	153	7	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	153	160	153	7	116	160

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2559	6.0%	51301	87.8%	517	0	602	0	54979	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	2559	6.0%	51301	87.8%	517	0	602	0	54979	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	21	17	0	0	0	0	0	0	21	17	38
60 to 64	20	9	0	0	0	0	0	0	20	9	29
65 to 74	34	20	0	0	0	0	0	0	34	20	54
75 to 84	9	6	0	0	0	0	0	0	9	6	15
85+	6	8	0	0	0	0	0	0	6	8	14
TOTALS	91	62	0	0	0	0	0	0	91	62	153

atrium rehab and nursing
1425 w estes ave
Chicago , IL. 60626

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	7	142	2	0	2	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	7	142	2	0	2	0	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	66	0	0	0	66
Race Unknown	10	0	0	0	10
Total	153	0	0	0	153

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
Total	153	0	0	0	153

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
14.7%	73.7%	0.9%	0.0%	10.7%	100.0%		
1,436,000	7,209,000	92,000	0	1,043,000	9,780,000	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 Street

Date Questionnaire Completed 4/24/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	57
Total Admissions 2017	152
Total Discharges 2017	151
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 32

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2566	10.0%	12358	48.4%	0	1199	4978	0	21101	82.6%	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	2566	10.0%	12358	48.4%	0	1199	4978	0	21101	82.6%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	0	0	0	0	0	0	4	2	6
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	2	7	0	0	0	0	0	0	2	7	9
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	15	43	0	0	0	0	0	0	15	43	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	7	37	0	2	12	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	7	37	0	2	12	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	5.00
LPN's	6.50
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	45.50

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
31.6%	38.2%	0.0%	13.6%	16.6%	100.0%		
1,319,614	1,592,101	0	565,641	694,292	4,171,648	0	0.0%

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

Austin Oasis
901 South Austin Boulevard
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
LaDon Harris

Contact Person and Telephone
LaDon Harris
773-287-5959

Registered Agent Information
Gutnicki LLP
4711 Golf Road, Suite 200
Skokie, IL 60076

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	200
Total Admissions 2017	29
Total Discharges 2017	38
Residents on 12/31/2017	191

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	15
Alzheimer Disease	8
Mental Illness	113
Developmental Disability	0
Circulatory System	10
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	191

Total Residents Diagnosed as Mentally Ill 113

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	201	216	191	25	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	216	201	216	191	25	108	216

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	482	1.2%	23092	29.3%	0	0	122	0	23696	30.1%	30.1%
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	482	1.2%	23092	29.3%	0	0	122	0	23696	30.1%	30.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	30	21	0	0	0	0	0	0	30	21	51
60 to 64	26	16	0	0	0	0	0	0	26	16	42
65 to 74	39	21	0	0	0	0	0	0	39	21	60
75 to 84	15	9	0	0	0	0	0	0	15	9	24
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	117	74	0	0	0	0	0	0	117	74	191

Austin Oasis
901 South Austin Boulevard
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	2	187	0	0	2	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	2	187	0	0	2	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	119	0	0	0	119
Hawaiian/Pacific Isl.	1	0	0	0	1
White	69	0	0	0	69
Race Unknown	0	0	0	0	0
Total	191	0	0	0	191

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	183	0	0	0	183
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	8.00
LPN's	19.57
Certified Aides	40.11
Other Health Staff	12.19
Non-Health Staff	52.00
Totals	133.87

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.0%	90.5%	0.0%	0.0%	0.5%	100.0%		
319,168	3,200,867	0	0	18,300	3,538,335	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.

Autumn Meadows Of Cahokia
2 Annable Court
Cahokia, IL. 62206

Reference Numbers

Facility ID	6001317	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
BONNIE CANNON

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 4/24/2019

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 - 2018

Residents on 1/1/2017	89
Total Admissions 2017	74
Total Discharges 2017	72
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	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	90
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 36

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	150	150	95	150	91	59	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	95	150	91	59	150	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7543	13.8%	20770	37.9%	2512	0	700	0	31525	57.6%	57.6%
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	7543	13.8%	20770	37.9%	2512	0	700	0	31525	57.6%	57.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	15	3	0	0	0	0	0	0	15	3	18
60 to 64	13	1	0	0	0	0	0	0	13	1	14
65 to 74	21	5	0	0	0	0	0	0	21	5	26
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	8	8	0	0	0	0	0	0	8	8	16
TOTALS	64	27	0	0	0	0	0	0	64	27	91

Autumn Meadows Of Cahokia
2 Annable Court
Cahokia, IL. 62206

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	4	79	7	0	1	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	4	79	7	0	1	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	68	0	0	0	68
Hawaiian/Pacific Isl.	0	0	0	0	0
White	23	0	0	0	23
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	91	0	0	0	91
Total	91	0	0	0	91

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	14.00
Certified Aides	57.00
Other Health Staff	4.00
Non-Health Staff	31.00
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
35.1%	51.7%	9.2%	0.0%	4.0%	100.0%		
1,778,633	2,614,787	463,785	0	204,732	5,061,937	0	0.0%

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

Avantara Elgin
1950 Larkin Avenue
Elgin, IL. 60123

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
847-742-7070

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	55
Total Admissions 2017	126
Total Discharges 2017	103
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	4
Musculo-skeletal Disorders	14
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	112	112	78	112	78	34	112	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	78	112	78	34	112	112

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3147	7.7%	404	1.0%	0	527	202	0	4280	10.5%	10.5%
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	3147	7.7%	404	1.0%	0	527	202	0	4280	10.5%	10.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	9	17	0	0	0	0	0	0	9	17	26
TOTALS	23	55	0	0	0	0	0	0	23	55	78

Avantara Elgin
1950 Larkin Avenue
Elgin, IL. 60123

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	39	7	0	7	25	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	39	7	0	7	25	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	496	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	70	0	0	0	70
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	3	0	0	0	3
Non-Hispanic	75	0	0	0	75
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	18.81
LPN's	0.00
Certified Aides	23.29
Other Health Staff	7.37
Non-Health Staff	15.27
Totals	66.74

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.8%	5.4%	0.0%	28.5%	14.2%	100.0%		
1,307,585	137,059	0	720,134	358,035	2,522,813	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
Daniel Garden
3450 Oakton Street
Skokie, IL 60076

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	174
Total Admissions 2017	350
Total Discharges 2017	345
Residents on 12/31/2017	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	30
Alzheimer Disease	7
Mental Illness	6
Developmental Disability	0
Circulatory System	60
Respiratory System	20
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	180	180	195	179	16	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	180	180	195	179	16	195	195

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9552	13.4%	46671	65.6%	0	1540	5184	0	62947	88.4%	95.8%
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	9552	13.4%	46671	65.6%	0	1540	5184	0	62947	88.4%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	6	0	0	0	0	0	0	2	6	8
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	16	17	0	0	0	0	0	0	16	17	33
85+	26	72	0	0	0	0	0	0	26	72	98
TOTALS	66	113	0	0	0	0	0	0	66	113	179

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	30	133	0	2	14	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	30	133	0	2	14	0	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	169	0	0	0	169
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	6	0	0	0	6
Non-Hispanic	173	0	0	0	173
Ethnicity Unknown	0	0	0	0	0
Total	179	0	0	0	179

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	73.00
Other Health Staff	23.00
Non-Health Staff	58.00
Totals	220.00

NET REVENUE BY PAYOR 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%	56.0%	0.0%	5.3%	4.9%	100.0%		
5,573,023	9,213,333	0	877,482	802,211	16,466,049	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
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	625
Total Discharges 2017	611
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	35
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	9
Injuries and Poisonings	18
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	119

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	154	154	133	154	119	35	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	133	154	119	35	154	154

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12858	22.9%	14907	26.5%	0	745	12356	0	40866	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	12858	22.9%	14907	26.5%	0	745	12356	0	40866	72.7%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	16	48	0	0	0	0	0	0	16	48	64
TOTALS	37	82	0	0	0	0	0	0	37	82	119

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	33	46	0	5	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	33	46	0	5	35	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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
39.9%	22.1%	0.0%	16.4%	21.6%	100.0%		
5,745,913	3,192,659	0	2,366,316	3,109,165	14,414,053	0	0.0%

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

Avanti Wellness and Rehabilitation
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
Jared Carr

Contact Person and Telephone
Jared Carr
847-647-6400

Registered Agent Information

Date Questionnaire Completed 5/8/2019

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 - 2018

Residents on 1/1/2017	127
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	127

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	17
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	40
Respiratory System	12
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	21
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	145

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	145	168	145	23	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	168	168	145	168	145	23	212	212

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	92	0.1%	0	13	15	5	145	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	0.0%	92	0.1%	0	13	15	5	145	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	5	0	0	0	0	0	0	6	5	11
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	14	23	0	0	0	0	0	0	14	23	37
75 to 84	23	21	0	0	0	0	0	0	23	21	44
85+	19	22	0	0	0	0	0	0	19	22	41
TOTALS	68	77	0	0	0	0	0	0	68	77	145

Avanti Wellness and Rehabilitation
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	20	92	0	13	15	5	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	20	92	0	13	15	5	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	332	288
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	105	0	0	0	105
Race Unknown	14	0	0	0	14
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	131	0	0	0	131
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	15.67
LPN's	22.50
Certified Aides	59.23
Other Health Staff	18.03
Non-Health Staff	47.03
Totals	164.46

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
33.7%	33.7%	4.4%	18.9%	9.3%	100.0%		
5,257,718	5,247,083	684,273	2,944,782	1,445,802	15,579,658	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 4/15/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	146
Total Discharges 2017	139
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	8
Mental Illness	13
Developmental Disability	0
Circulatory System	17
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	70

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	73	97	70	27	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	73	97	70	27	22	97

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	30.5%	8458	23.9%	1416	642	10643	0	23611	66.7%	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	2452	30.5%	8458	23.9%	1416	642	10643	0	23611	66.7%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	3	3	6
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	11	27	0	0	0	0	0	0	11	27	38
TOTALS	26	44	0	0	0	0	0	0	26	44	70

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	17	9	2	35	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	7	17	9	2	35	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3.97
LPN's	7.63
Certified Aides	23.44
Other Health Staff	2.89
Non-Health Staff	22.14
Totals	62.07

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
27.2%	23.3%	3.9%	6.3%	39.3%	100.0%		
1,291,311	1,108,679	186,577	300,383	1,865,909	4,752,859	0	0.0%

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

Aviston Terrace
349 W 1st. Street
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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	10
Total Admissions 2017	0
Total Discharges 2017	1
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 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	10	16	9	7		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	10	16	9	7	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			3687	63.1%	0	0	0	0	3687	63.1%	63.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3687	63.1%	0	0	0	0	3687	63.1%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	0	0	0	2	0	2
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	5	4	0	0	5	4	9

Aviston Terrace
349 W 1st. Street
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	6	0	6
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	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.50
Non-Health Staff	0.50
Totals	6.66

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%	29.7%	0.0%	0.0%	70.3%	100.0%		
0	36,721	0	0	86,797	123,518	0	0.0%

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

Avondale Estates of Elgin
1760 Capital Street
Elgin , IL. 60124

Reference Numbers

Facility ID	6016810	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Allison Bertacchi

Contact Person and Telephone
Allison Bertacchi
847-531-6004

Registered Agent Information

Date Questionnaire Completed 5/23/2019

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 - 2018

Residents on 1/1/2017	30
Total Admissions 2017	539
Total Discharges 2017	529
Residents on 12/31/2017	40

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	2
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	8
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	120	78	42	78	42	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	120	78	42	78	42	78		

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13029	0.0%	0	0.0%	0	1088	0	0	14117	32.2%	49.6%
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	13029	0.0%	0	0.0%	0	1088	0	0	14117	32.2%	49.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	9	0	0	0	0	0	0	3	9	12
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	14	28	0	0	0	0	0	0	14	28	42

Avondale Estates of Elgin
1760 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	41	0	0	0	1	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	41	0	0	0	1	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	365	365
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	40	0	0	0	40
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	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	10.90
LPN's	4.00
Certified Aides	0.00
Other Health Staff	13.00
Non-Health Staff	18.25
Totals	48.15

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
92.0%	0.0%	0.0%	6.9%	1.1%	100.0%		
7,646,546	0	0	571,889	90,468	8,308,903	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 4/4/2019

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 - 2018

Residents on 1/1/2017	199
Total Admissions 2017	96
Total Discharges 2017	96
Residents on 12/31/2017	199

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	15
Endocrine/Metabolic	57
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	37
Developmental Disability	0
Circulatory System	39
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	199

Total Residents Diagnosed as Mentally Ill 167

Total Residents Reported as Identified Offenders 34

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

LEVEL OF CARE	LICENSED 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	27.0%	66867	86.0%	0	0	252	0	70471	90.6%	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	3352	27.0%	66867	86.0%	0	0	252	0	70471	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	47	22	0	0	0	0	0	0	47	22	69
60 to 64	25	16	0	0	0	0	0	0	25	16	41
65 to 74	34	21	0	0	0	0	0	0	34	21	55
75 to 84	11	7	0	0	0	0	0	0	11	7	18
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	125	74	0	0	0	0	0	0	125	74	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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	187	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	11	187	0	0	1	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	68	0	0	0	68
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	15	0	0	0	15
Non-Hispanic	184	0	0	0	184
Ethnicity Unknown	0	0	0	0	0
Total	199	0	0	0	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.50
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	15.54
LPN's	3.47
Certified Aides	35.16
Other Health Staff	21.46
Non-Health Staff	16.03
Totals	95.16

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
17.1%	82.3%	0.0%	0.0%	0.7%	100.0%		
1,875,372	9,041,582	0	0	75,595	10,992,549	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 4/18/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	109
Total Discharges 2017	108
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	1
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	49

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	76	76	0	76	49	27	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	0	76	49	27	76	76

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1321	4.8%	12134	43.7%	0	155	5092	0	18702	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	1321	4.8%	12134	43.7%	0	155	5092	0	18702	67.4%	67.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	12	37	0	0	0	0	0	0	12	37	49

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	4	32	0	0	13	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	4	32	0	0	13	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6.20
LPN's	5.60
Certified Aides	21.57
Other Health Staff	0.00
Non-Health Staff	22.80
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
23.1%	46.5%	1.9%	28.5%	0.0%	100.0%		
739,624	1,491,783	61,951	913,032	0	3,206,390	0	0.0%

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

Batavia Rehabilitation and Health Care Center
520 E Fabyan Pkwy
Batavia, IL. 60510

Reference Numbers

Facility ID	6008171	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Joy Chanthavong

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/21/2019

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 - 2018

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	22
Mental Illness	0
Developmental Disability	0
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	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 29

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	43	63	43	20	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	43	63	43	20	0	63

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	14468	62.9%	0	0	361	0	14829	64.5%	64.5%
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%	14468	62.9%	0	0	361	0	14829	64.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	7	2	9
60 to 64	5	1	0	0	0	0	0	0	5	1	6
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	0	7	0	0	0	0	0	0	0	7	7
TOTALS	22	21	0	0	0	0	0	0	22	21	43

Batavia Rehabilitation and Health Care Center
520 E Fabyan Pkwy
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	40	0	0	3	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	40	0	0	3	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	37	0	0	0	37
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	2	0	0	0	2
Non-Hispanic	41	0	0	0	41
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	3.00
LPN's	1.00
Certified Aides	39.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
1.5%	94.5%	0.0%	0.0%	4.0%	100.0%		
36,927	2,348,895	0	0	99,315	2,485,137	0	0.0%

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

Beacon Health Center
4538 N 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
773-275-7200

Registered Agent Information
n/a

Date Questionnaire Completed 3/4/2018

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	94
Total Admissions 2017	50
Total Discharges 2017	59
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	22
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 27

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	143	98	85	98	85	58	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	98	85	98	85	58	143	143

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1845	3.5%	28470	54.5%	0	0	0	0	30315	58.1%	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	1845	3.5%	28470	54.5%	0	0	0	0	30315	58.1%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	3	0	0	0	0	0	0	14	3	17
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	52	33	0	0	0	0	0	0	52	33	85

Beacon Health Center
4538 N 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	7	78	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	7	78	0	0	0	0	85

AVERAGE DAILY PAYMENT RATES

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

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	25	0	0	0	25
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	13	0	0	0	13
Non-Hispanic	7	0	0	0	7
Ethnicity Unknown	0	0	0	0	0
Total	20	0	0	0	20

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	14.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	13.00
Certified Aides	28.00
Other Health Staff	8.00
Non-Health Staff	43.00
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
17.5%	80.5%	0.0%	1.7%	0.4%	100.0%		
1,096,268	5,046,661	0	106,969	22,468	6,272,366	0	0.0%

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

Beacon Hill
2400 S Finley Road
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
Teresa Novelli

Contact Person and Telephone
Teresa Novelli
630-620-5850

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

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	177
Total Discharges 2017	164
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	15
Mental Illness	38
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	97

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	110	110	108	110	97	13	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	97	13	21	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3746	48.9%	0	0.0%	0	782	30650	2240	37418	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	3746	48.9%	0	0.0%	0	782	30650	2240	37418	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
85+	10	72	0	0	0	0	0	0	10	72	82
TOTALS	16	81	0	0	0	0	0	0	16	81	97

Beacon Hill
2400 S Finley Road
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	6	0	0	1	84	6	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	6	0	0	1	84	6	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	316	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	97	0	0	0	97
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	24.40
LPN's	3.00
Certified Aides	38.00
Other Health Staff	2.00
Non-Health Staff	14.00
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
24.6%	0.0%	0.0%	6.1%	69.3%	100.0%		
1,621,449	0	0	402,955	4,574,116	6,598,520	112,443	1.7%

*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
Marci Ford

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	88.0%	1.9%	0.0%	10.2%	100.0%		
0	622,310	13,096	0	72,022	707,428	0	0.0%

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

Beecher Manor Nursing and Rehabilitation Center
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
Stephen Brumer

Contact Person and Telephone
Stephen Brumer
708-946-2600

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/25/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	311
Total Discharges 2017	308
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	26
Respiratory System	10
Digestive System	9
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	119	130	112	18	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	119	130	112	18	128	128

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10569	22.6%	22961	49.1%	0	1258	5940	0	40728	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	10569	22.6%	22961	49.1%	0	1258	5940	0	40728	85.8%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	7	19	0	0	0	0	0	0	7	19	26
85+	13	53	0	0	0	0	0	0	13	53	66
TOTALS	26	86	0	0	0	0	0	0	26	86	112

Beecher Manor Nursing and Rehabilitation Center
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	27	61	0	6	18	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	61	0	6	18	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
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	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	12.14
LPN's	14.27
Certified Aides	30.01
Other Health Staff	1.88
Non-Health Staff	47.06
Totals	107.36

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
43.4%	36.4%	0.0%	4.7%	15.5%	100.0%		
4,753,227	3,977,802	0	513,196	1,695,537	10,939,762	0	0.0%

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

Behaven Nursing and Rehabilitation
11401 S Oakley Ave
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
Philip M Birn

Contact Person and Telephone
Philip M Birn
773-233-6311

Registered Agent Information
Michelle Bush
240 Fencel Lane
Hillside, IL 60162

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	183
Total Admissions 2017	185
Total Discharges 2017	186
Residents on 12/31/2017	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	28
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	59
Mental Illness	3
Developmental Disability	7
Circulatory System	21
Respiratory System	5
Digestive System	12
Genitourinary System Disorders	4
Skin Disorders	15
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 5

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	190	221	182	39	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	190	221	182	39	221	221

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2159	2.7%	61200	75.9%	1143	346	1597	0	66445	82.4%	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	2159	2.7%	61200	75.9%	1143	346	1597	0	66445	82.4%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	23	19	0	0	0	0	0	0	23	19	42
60 to 64	19	10	0	0	0	0	0	0	19	10	29
65 to 74	19	18	0	0	0	0	0	0	19	18	37
75 to 84	12	25	0	0	0	0	0	0	12	25	37
85+	10	19	0	0	0	0	0	0	10	19	29
TOTALS	90	92	0	0	0	0	0	0	90	92	182

Behaven Nursing and Rehabilitation
11401 S Oakley Ave
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	8	148	23	1	0	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	8	148	23	1	0	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	157	0	0	0	157
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	2	0	0	0	2
Total	182	0	0	0	182

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	178	0	0	0	178
Ethnicity Unknown	0	0	0	0	0
Total	182	0	0	0	182

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.51
LPN's	34.70
Certified Aides	46.09
Other Health Staff	3.82
Non-Health Staff	118.80
Totals	210.92

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
8.9%	88.3%	0.0%	1.2%	1.6%	100.0%		
1,303,604	12,998,407	0	182,430	241,867	14,726,308	0	0.0%

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

Bella Terra
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
Alicia Wildermuth

Contact Person and Telephone
Alicia Wildermuth
847-965-8100

Registered Agent Information
Illinois Corporation Services Company
801 Adlai Stevens
Springfield, IL 62703

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 - 2018

Residents on 1/1/2017	156
Total Admissions 2017	370
Total Discharges 2017	376
Residents on 12/31/2017	150

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	9
Mental Illness	23
Developmental Disability	0
Circulatory System	40
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	14
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	9
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 67

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	213	172	164	172	150	63	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	213	172	164	172	150	63	211	211

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7598	9.9%	35159	45.7%	0	1595	11312	0	55664	71.6%	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	7598	9.9%	35159	45.7%	0	1595	11312	0	55664	71.6%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	10	7	17
60 to 64	8	3	0	0	0	0	0	0	8	3	11
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	12	28	0	0	0	0	0	0	12	28	40
85+	12	37	0	0	0	0	0	0	12	37	49
TOTALS	55	95	0	0	0	0	0	0	55	95	150

Bella Terra
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	21	94	0	4	31	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	21	94	0	4	31	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
Race Unknown	15	0	0	0	15
Total	150	0	0	0	150

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	108	0	0	0	108
Ethnicity Unknown	28	0	0	0	28
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	21.80
LPN's	16.20
Certified Aides	45.00
Other Health Staff	2.00
Non-Health Staff	65.40
Totals	152.40

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
30.0%	46.9%	0.0%	5.4%	17.8%	100.0%		
4,678,089	7,309,422	0	836,440	2,775,649	15,599,600	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 4/4/2019

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 - 2018

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 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	0	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5727	98.1%	0	0	0	0	5727	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5727	98.1%	0	0	0	0	5727	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	5	4	9
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	85.5%	1.6%	0.0%	12.9%	100.0%		
0	591,561	11,044	0	89,169	691,774	0	0.0%

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

Bellwood Development 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
Joseph Meyers

Contact Person and Telephone
Joseph Meyers
708-547-3580

Registered Agent Information

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	25
Total Discharges 2017	24
Residents on 12/31/2017	78

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	78
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	82	82	78	82	78	4		82
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	82	82	78	82	78	4	0	82

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			27395	91.5%	0	365	0	0	27760	92.7%	92.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	27395	91.5%	0	365	0	0	27760	92.7%	92.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	20	18	0	0	20	18	38
60 to 64	0	0	0	0	9	1	0	0	9	1	10
65 to 74	0	0	0	0	4	10	0	0	4	10	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	42	36	0	0	42	36	78

Bellwood Development 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	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		77	0	0	1	0	78
Sheltered Care			0	0	0	0	0
TOTALS	0	77	0	0	1	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	183	183
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	19	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	59	0	59
Race Unknown	0	0	0	0	0
Total	0	0	78	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	12	0	12
Non-Hispanic	0	0	66	0	66
Ethnicity Unknown	0	0	0	0	0
Total	0	0	78	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.83
LPN's	4.87
Certified Aides	0.00
Other Health Staff	31.40
Non-Health Staff	42.01
Totals	84.11

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
0.0%	98.7%	0.0%	0.0%	1.3%	100.0%		
0	4,836,115	0	0	65,892	4,902,007	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	32
Total Admissions 2017	52
Total Discharges 2017	45
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 27

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	60	60	39	60	39	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	60	60	39	60	39	21	60	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	759	3.5%	9967	45.5%	0	20	2743	0	13489	61.6%	61.6%
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	759	3.5%	9967	45.5%	0	20	2743	0	13489	61.6%	61.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	3	0	0	0	0	0	0	1	3	4
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	4	4	0	0	0	0	0	0	4	4	8
TOTALS	17	22	0	0	0	0	0	0	17	22	39

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	27	0	1	9	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	2	27	0	1	9	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	35	0	0	0	35
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	4.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	14.00
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
4.6%	74.8%	0.0%	5.6%	15.0%	100.0%		
79,247	1,300,796	0	97,540	260,628	1,738,211	0	0.0%

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

Benjamin Green-Field Residence
14245 West 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
Maribel Espinoza
847-990-3798

Registered Agent Information

Date Questionnaire Completed 2/28/2019

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 - 2018

Residents on 1/1/2017	15
Total Admissions 2017	4
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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5469	93.6%	6	0	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5469	93.6%	6	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	3	1	4
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	1	2	0	0	1	2	3
75 to 84	0	0	0	0	3	2	0	0	3	2	5
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	8	7	0	0	8	7	15

Benjamin Green-Field Residence
14245 West 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.05
LPN's	0.00
Certified Aides	5.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	5.25

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	819,220	0	0	0	819,220	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 3/25/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	28
Total Discharges 2017	28
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

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	67	67	41	67	41	26	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	41	67	41	26	11	67

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1325	33.0%	12050	49.3%	0	48	677	0	14100	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	1325	33.0%	12050	49.3%	0	48	677	0	14100	57.7%	57.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	1	0	0	0	0	0	0	0	1	1
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	3	4	0	0	0	0	0	0	3	4	7
60 to 64	7	1	0	0	0	0	0	0	7	1	8
65 to 74	6	3	0	0	0	0	0	0	6	3	9
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	3	4	0	0	0	0	0	0	3	4	7
TOTALS	22	19	0	0	0	0	0	0	22	19	41

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	4	25	9	2	1	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	25	9	2	1	0	41

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
LPN's	6.00
Certified Aides	15.00
Other Health Staff	2.00
Non-Health Staff	12.00
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
12.1%	78.0%	0.0%	1.7%	8.3%	100.0%		
227,094	1,468,925	0	32,142	155,993	1,884,154	0	0.0%

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

Berkeley Nursing and Rehabilitation Center
6909 West North Ave
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
Chandra Crawford

Contact Person and Telephone
Chandra Crawford
708-386-1112

Registered Agent Information

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	25
Total Discharges 2017	14
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	62

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	72	0	0	72	56	16	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	0	0	72	56	16	72	72

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	52	0.2%	0	0	1	0	56	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	3	0.0%	52	0.2%	0	0	1	0	56	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	9	0	0	0	0	0	0	6	9	15
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	4	14	0	0	0	0	0	0	4	14	18
TOTALS	17	39	0	0	0	0	0	0	17	39	56

Berkeley Nursing and Rehabilitation Center
6909 West North Ave
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	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
Nursing Care	195	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	8	0	0	0	8
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	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	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
19.4%	75.7%	0.0%	2.4%	2.5%	100.0%		
841,494	3,293,663	0	103,224	109,818	4,348,199	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 5/8/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	17
Total Discharges 2017	27
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	33
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
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	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	98	0	0	0	42	56	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	42	56	0	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	13205	36.9%	0	0	4186	0	17391	48.6%	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	0	0.0%	13205	36.9%	0	0	4186	0	17391	48.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	2	9	11
85+	4	24	0	0	0	0	0	0	4	24	28
TOTALS	6	36	0	0	0	0	0	0	6	36	42

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	30	0	0	12	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	30	0	0	12	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	41	0	0	0	41
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	1.47
LPN's	8.08
Certified Aides	14.14
Other Health Staff	0.00
Non-Health Staff	11.81
Totals	37.50

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%	39.2%	0.0%	0.0%	60.8%	100.0%		
0	1,010,520	0	0	1,564,429	2,574,949	0	0.0%

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

Bethany Rehabilitation & 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 4/19/2019

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	73
Total Admissions 2017	357
Total Discharges 2017	360
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	21
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	13
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	90	82	82	82	70	20	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	82	82	82	70	20	90	70

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6135	18.7%	14358	56.2%	0	2111	4621	0	27225	82.9%	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	6135	18.7%	14358	56.2%	0	2111	4621	0	27225	82.9%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	8	22	0	0	0	0	0	0	8	22	30
TOTALS	18	52	0	0	0	0	0	0	18	52	70

Bethany Rehabilitation & 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	15	38	0	7	10	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	15	38	0	7	10	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	65	0	0	0	65
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	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	11.00
LPN's	4.00
Certified Aides	28.50
Other Health Staff	5.00
Non-Health Staff	14.50
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
43.9%	32.2%	0.0%	11.1%	12.8%	100.0%		
3,099,624	2,276,158	0	785,047	905,978	7,066,807	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. 60634

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 4/21/2019

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 - 2018

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

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	32
Developmental Disability	0
Circulatory System	25
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	113	87	96	81	32	62	80
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	39	39	28	39	14	25		
TOTAL BEDS	152	152	115	135	95	57	62	80

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4892	21.6%	7580	26.0%	0	0	3604	97	16173	39.2%	39.2%
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					399	0	4952	3	5354	37.6%	37.6%
TOTALS	4892	21.6%	7580	26.0%	399	0	8556	100	21527	38.8%	38.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	1	0	1	1
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	11	0	0	0	0	0	1	4	12	16
75 to 84	12	12	0	0	0	0	2	4	14	16	30
85+	8	34	0	0	0	0	1	5	9	39	48
TOTALS	24	57	0	0	0	0	3	11	27	68	95

Bethesda Rehab and Senior Care
2833 North Nordica Ave
Chicago, IL. 60634

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	15	57	0	0	9	0	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	11	3	14
TOTALS	15	57	0	0	20	3	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	311	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	122	172

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	68	0	0	14	82
Race Unknown	0	0	0	0	0
Total	81	0	0	14	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	2	15
Non-Hispanic	68	0	0	12	80
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	14	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.50
LPN's	10.60
Certified Aides	49.00
Other Health Staff	3.50
Non-Health Staff	45.00
Totals	128.60

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
19.1%	22.3%	23.5%	0.0%	35.1%	100.0%		
1,245,571	1,451,715	1,529,985	0	2,283,189	6,510,460	59,956	0.9%

*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 4/4/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	2
Total Discharges 2017	2
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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			15960	97.2%	0	0	146	0	16106	98.1%	98.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15960	97.2%	0	0	146	0	16106	98.1%	98.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	5	7	0	0	5	7	12
60 to 64	0	0	0	0	6	4	0	0	6	4	10
65 to 74	0	0	0	0	3	2	0	0	3	2	5
75 to 84	0	0	0	0	1	2	0	0	1	2	3
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	24	21	0	0	24	21	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		44	0	0	1	0	45
Sheltered Care			0	0	0	0	0
TOTALS	0	44	0	0	1	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	179	179
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	5.50
LPN's	2.00
Certified Aides	33.00
Other Health Staff	8.00
Non-Health Staff	10.50
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
0.0%	85.7%	14.0%	0.0%	0.3%	100.0%		
0	2,422,816	395,593	0	9,090	2,827,499	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
John Huelskamp

Contact Person and Telephone
Lori Rodgers
618-466-0367 x619

Registered Agent Information
Nicholas J Lynn
190 S. LaSalle Street 3700
Chicago, IL 60603

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	262
Total Admissions 2017	3
Total Discharges 2017	22
Residents on 12/31/2017	243

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	243
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	243

Total Residents Diagnosed as Mentally Ill 118

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	262	288	243	57		279
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	300	288	262	288	243	57	0	279

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			90024	88.4%	0	0	2605	0	92629	84.6%	88.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	90024	88.4%	0	0	2605	0	92629	84.6%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	53	48	0	0	53	48	101
45 to 59	0	0	0	0	27	31	0	0	27	31	58
60 to 64	0	0	0	0	10	16	0	0	10	16	26
65 to 74	0	0	0	0	25	22	0	0	25	22	47
75 to 84	0	0	0	0	7	1	0	0	7	1	8
85+	0	0	0	0	2	1	0	0	2	1	3
TOTALS	0	0	0	0	124	119	0	0	124	119	243

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		240	0	0	3	0	243
Sheltered Care			0	0	0	0	0
TOTALS	0	240	0	0	3	0	243

AVERAGE DAILY PAYMENT RATES

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

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	17	0	17
Hawaiian/Pacific Isl.	0	0	4	0	4
White	0	0	221	0	221
Race Unknown	0	0	0	0	0
Total	0	0	243	0	243

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	243	0	243
Ethnicity Unknown	0	0	0	0	0
Total	0	0	243	0	243

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	4.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	6.00
Certified Aides	244.00
Other Health Staff	51.00
Non-Health Staff	63.00
Totals	377.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	80.7%	0.0%	0.0%	19.3%	100.0%		
0	10,463,567	0	0	2,502,111	12,965,678	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
Julie Johnson

Contact Person and Telephone
Julie Johnson
815-273-2238

Registered Agent Information
Alan Gapinski
501 6th Ave W
Lyndon, IL 61261

Date Questionnaire Completed 2/27/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	43
Total Discharges 2017	41
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	24
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 52

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	83	83	83	83	64	19	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	83	83	83	64	19	0	83

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	18088	59.7%	0	0	4673	0	22761	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	0	0.0%	18088	59.7%	0	0	4673	0	22761	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	4	18	0	0	0	0	0	0	4	18	22
85+	7	19	0	0	0	0	0	0	7	19	26
TOTALS	22	42	0	0	0	0	0	0	22	42	64

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	51	0	0	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	0	51	0	0	13	0	64

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	0.10
Director of Nursing	1.00
Registered Nurses	5.14
LPN's	5.74
Certified Aides	22.60
Other Health Staff	5.00
Non-Health Staff	24.00
Totals	64.58

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
7.3%	70.3%	0.4%	0.0%	22.1%	100.0%		
294,724	2,846,867	16,514	0	893,906	4,052,011	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 4/5/2019

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 - 2018

Residents on 1/1/2017	156
Total Admissions 2017	53
Total Discharges 2017	68
Residents on 12/31/2017	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	23
Endocrine/Metabolic	51
Blood Disorders	18
*Nervous System Non Alzheimer	0
Alzheimer Disease	26
Mental Illness	12
Developmental Disability	1
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	9
TOTALS	141

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	200	200	143	200	141	59	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	143	200	141	59	200	200

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3562	4.9%	43824	60.0%	0	217	8957	0	56560	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	3562	4.9%	43824	60.0%	0	217	8957	0	56560	77.5%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	11	14	0	0	0	0	0	0	11	14	25
75 to 84	16	29	0	0	0	0	0	0	16	29	45
85+	14	56	0	0	0	0	0	0	14	56	70
TOTALS	42	99	0	0	0	0	0	0	42	99	141

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	8	106	0	2	25	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	8	106	0	2	25	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	13.00
LPN's	6.00
Certified Aides	46.00
Other Health Staff	11.00
Non-Health Staff	33.00
Totals	113.00

NET REVENUE BY PAYOR 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%	59.3%	0.0%	3.6%	19.5%	100.0%		
1,975,866	6,683,785	0	404,840	2,198,607	11,263,098	0	0.0%

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

Bjorklund House
15841 Terrace Drive
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
Nicolette Lahman

Contact Person and Telephone
Nicolette Lahman
708-687-2038 x201

Registered Agent Information
Covenant Iniatives for Care Inc.
5145 N California Ave
Chicago, IL 60625

Date Questionnaire Completed 4/19/2019

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	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	14
Total Admissions 2017	1
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	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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	1	0	0	1	1	2
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	7	0	0	8	7	15

Bjorklund House
15841 Terrace Drive
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	13	0	13
Ethnicity Unknown	0	0	3	0	3
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	0.25
LPN's	0.00
Certified Aides	16.50
Other Health Staff	1.00
Non-Health Staff	3.00
Totals	22.75

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	639,043	0	0	0	639,043	0	0.0%

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

Blessing Hospital
Braodway at 11th
Quincy, IL. 62301

Reference Numbers

Facility ID	6011977	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Laura Miller/Laura Bliven

Contact Person and Telephone
Ken Stegeman
217-223-1200

Registered Agent Information

Date Questionnaire Completed 4/18/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	18
Total Admissions 2017	558
Total Discharges 2017	558
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
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	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	18

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5089	69.7%	44	0.0%	0	541	11	267	5952	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	5089	69.7%	44	0.0%	0	541	11	267	5952	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	3	4	0	0	0	0	0	0	3	4	7
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	8	10	0	0	0	0	0	0	8	10	18

Blessing Hospital
Braodway at 11th
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	1	1	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	1	1	1	18

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
Non-Hispanic	17	0	0	0	17
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	13.01
LPN's	1.01
Certified Aides	9.49
Other Health Staff	1.51
Non-Health Staff	2.10
Totals	29.12

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
69.7%	0.0%	0.0%	30.3%	0.0%	100.0%		
2,012,936	0	0	874,034	0	2,886,970	129,962	4.5%

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

Bloomington Rehabilitation and Health Care Cente
1925 S. Main St
Bloomington, IL. 61704

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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/23/2019

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 - 2018

Residents on 1/1/2017	51
Total Admissions 2017	58
Total Discharges 2017	66
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	0
Circulatory System	5
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 22

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	78	78	48	78	43	35	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	48	78	43	35	26	78

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1095	11.5%	14479	50.9%	0	0	736	0	16310	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	1095	11.5%	14479	50.9%	0	0	736	0	16310	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	1	6	0	0	0	0	0	0	1	6	7
TOTALS	17	26	0	0	0	0	0	0	17	26	43

Bloomington Rehabilitation and Health Care Cente
1925 S. Main St
Bloomington, IL. 61704

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	1	38	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	1	38	0	0	4	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	35	0	0	0	35
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	7.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	1.00
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
9.4%	85.4%	0.0%	0.4%	4.8%	100.0%		
234,630	2,126,334	0	9,652	120,325	2,490,941	0	0.0%

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

Boyd Avenue Home
110 South 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 x269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/10/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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 South 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	195	195
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.25
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%	15.6%	84.3%	0.0%	0.1%	100.0%		
0	64,552	348,273	0	267	413,092	0	0.0%

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

Brach House
6300 North 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
Joseph 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 3/14/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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 North 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	0.22
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.82
Other Health Staff	4.91
Non-Health Staff	0.22
Totals	15.36

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%	87.2%	0.0%	0.0%	12.8%	100.0%		
0	718,523	0	0	105,394	823,917	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 4/4/2019

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 - 2018

Residents on 1/1/2017	14
Total Admissions 2017	2
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4780	81.8%	0	0	0	0	4780	81.8%	81.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4780	81.8%	0	0	0	0	4780	81.8%	81.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	6	1	7
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	0	0	0	0	0	0
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	11	4	0	0	11	4	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	77.1%	0.5%	0.0%	22.4%	100.0%		
0	487,827	3,453	0	141,780	633,060	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
Martha Jodine Jackson

Contact Person and Telephone
Martha Jodine Jackson
618-520-8800

Registered Agent Information
Nick Maduri
785 Wall Street
O'Fallon, IL 62269

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	53
Total Discharges 2017	59
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	19
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	1
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	112	112	58	112	58	54	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	58	112	58	54	38	112

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2203	15.9%	9592	23.5%	9920	0	0	0	21715	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	2203	15.9%	9592	23.5%	9920	0	0	0	21715	53.1%	53.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	1	1	0	0	0	0	0	0	1	1	2
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	13	22	0	0	0	0	0	0	13	22	35
TOTALS	23	35	0	0	0	0	0	0	23	35	58

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	8	24	0	0	26	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	24	0	0	26	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	145	165

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	8.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	0.00
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%	34.4%	0.0%	1.2%	34.4%	100.0%		
1,188,441	1,360,171	0	45,514	1,363,251	3,957,377	0	0.0%

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

Brentwood North
3705 Deerfield Road
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
Jack Kropp
847-947-9000

Registered Agent Information
Marilyn Dunn
55 W Monroe, Ste. 2400
Chicago, IL 60603

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	125
Total Admissions 2017	362
Total Discharges 2017	359
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	28
Developmental Disability	0
Circulatory System	25
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	125

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	240	240	128	240	128	112	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	240	128	240	128	112	240	240

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2531	2.9%	17787	20.3%	0	2483	8891	0	31692	36.2%	36.2%
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	2531	2.9%	17787	20.3%	0	2483	8891	0	31692	36.2%	36.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	18	38	0	0	0	0	0	0	18	38	56
TOTALS	48	77	0	0	0	0	0	0	48	77	125

Brentwood North
3705 Deerfield Road
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	14	72	0	10	29	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	14	72	0	10	29	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	310
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	107	0	0	0	107
Race Unknown	7	0	0	0	7
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	118	0	0	0	118
Ethnicity Unknown	0	0	0	0	0
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	35.00
LPN's	7.00
Certified Aides	57.00
Other Health Staff	12.00
Non-Health Staff	33.00
Totals	146.00

NET REVENUE BY PAYOR 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%	26.3%	2.9%	6.4%	27.0%	100.0%		
4,862,317	3,423,427	377,406	836,285	3,511,895	13,011,330	0	0.0%

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

Bria Health Services 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 A Long

Contact Person and Telephone
Patricia A Long
630-232-7544

Registered Agent Information
ABRAHAM GITNICKI
4711 GOLF ROAD, SUITE 200
Skokie, IL 60076

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	179
Total Discharges 2017	182
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	22
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	93

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	107	107	101	107	93	14	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	101	107	93	14	107	107

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4434	11.4%	26191	67.1%	1494	0	1595	0	33714	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	4434	11.4%	26191	67.1%	1494	0	1595	0	33714	86.3%	86.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	1	5	6
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	24	69	0	0	0	0	0	0	24	69	93

Bria Health Services 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	66	9	0	8	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	10	66	9	0	8	0	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	85	0	0	0	85
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	4	0	0	0	4
Non-Hispanic	89	0	0	0	89
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	19.00
LPN's	7.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	23.00
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
30.2%	55.2%	7.2%	0.0%	7.4%	100.0%		
2,665,733	4,880,747	635,714	0	653,155	8,835,349	0	0.0%

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

BRIA Health Services of Palos Hills
10426 S Roberts Rd
Palos Hills, IL. 60465

Reference Numbers

Facility ID	6010086	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Palos Township

Administrator
Kelley Tighe

Contact Person and Telephone
Lauren Carrieri
708-598-3460

Registered Agent Information
Avrum Weinfeld
6865 North Lincolnwood Ave
Lincolnwood, IL 60172

Date Questionnaire Completed 3/19/2019

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 - 2018

Residents on 1/1/2017	102
Total Admissions 2017	98
Total Discharges 2017	116
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	1
Circulatory System	16
Respiratory System	13
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	84

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	223	142	203	84	119	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	223	142	203	84	119	135	183

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	70.0%
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	12510	25.4%	36399	54.5%	0	5165	2899	0	56973	76.9%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	4	0	0	0	0	0	0	4	4	8
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 to 74	13	12	0	0	0	0	0	0	13	12	25
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	34	50	0	0	0	0	0	0	34	50	84

BRIA Health Services of Palos Hills
10426 S Roberts Rd
Palos Hills, IL. 60465

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	80	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	1	80	0	0	3	0	84

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	51	0	0	0	51
Hawaiian/Pacific Isl.	0	0	0	0	0
White	21	0	0	0	21
Race Unknown	12	0	0	0	12
Total	84	0	0	0	84

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	72	0	0	0	72
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	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
48.6%	32.2%	16.8%	0.0%	2.4%	100.0%		
8,837,131	5,865,965	3,057,895	0	438,456	18,199,447	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 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 4/4/2019

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	284
Total Discharges 2017	290
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	27
Developmental Disability	0
Circulatory System	15
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	107

Total Residents Diagnosed as Mentally Ill 81

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	140	140	125	140	107	33	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	125	140	107	33	94	140

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4135	12.1%	29577	57.9%	4755	862	1515	0	40844	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	4135	12.1%	29577	57.9%	4755	862	1515	0	40844	79.9%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	16	6	0	0	0	0	0	0	16	6	22
60 to 64	11	5	0	0	0	0	0	0	11	5	16
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	53	54	0	0	0	0	0	0	53	54	107

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	6	64	32	1	4	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	6	64	32	1	4	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	63	0	0	0	63
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
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	5.00
LPN's	19.00
Certified Aides	54.00
Other Health Staff	10.00
Non-Health Staff	8.00
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
28.3%	62.0%	6.0%	0.0%	3.7%	100.0%		
2,436,059	5,341,102	515,226	0	320,526	8,612,913	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
Melissa Gray

Contact Person and Telephone
Melissa Gray
618-337-9400

Registered Agent Information

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	112
Total Admissions 2017	95
Total Discharges 2017	95
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	52
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	10
TOTALS	118

Total Residents Diagnosed as Mentally Ill 52

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	133	0	0	133	118	15	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	0	0	133	118	15	49	133

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2748	15.4%	38947	80.2%	0	349	331	0	42375	87.3%	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	2748	15.4%	38947	80.2%	0	349	331	0	42375	87.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	20	16	0	0	0	0	0	0	20	16	36
60 to 64	15	6	0	0	0	0	0	0	15	6	21
65 to 74	16	9	0	0	0	0	0	0	16	9	25
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	5	6	0	0	0	0	0	0	5	6	11
TOTALS	70	48	0	0	0	0	0	0	70	48	118

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	4	108	0	2	1	3	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	108	0	2	1	3	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	73	0	0	0	73
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
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	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	2.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	39.20
Totals	97.20

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
19.5%	69.9%	8.7%	2.0%	0.0%	100.0%		
1,454,733	5,216,854	648,304	148,573	0	7,468,464	0	0.0%

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

Bria of Chicago Heights
120 W 26th Street
South 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
Rosemary Olanrewaju

Contact Person and Telephone
Rosemary Olanrewaju
708-756-5200

Registered Agent Information
Avrum Weinfeld
5151 Church Street
Skokie, IL 60077

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	108
Total Discharges 2017	112
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	13
Developmental Disability	0
Circulatory System	21
Respiratory System	31
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	102

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	112	112	0	112	94	18	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	112	112	0	112	94	18	64	112

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.4%	13366	32.7%	0	0	40	0	15829	38.7%	38.7%
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	2423	10.4%	13366	32.7%	0	0	40	0	15829	38.7%	38.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	13	8	21
60 to 64	10	7	0	0	0	0	0	0	10	7	17
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	49	41	0	0	0	0	0	0	49	41	90

Bria of Chicago Heights
120 W 26th Street
South 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	8	96	0	0	0	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	8	96	0	0	0	0	104

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	7.00
LPN's	16.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	23.00
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
12.9%	85.1%	0.0%	1.7%	0.2%	100.0%		
863,178	5,681,257	0	114,759	16,275	6,675,469	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
Julie Kosman

Contact Person and Telephone
Julie Kosman
773-436-6600

Registered Agent Information
Avrum Weinfeld
5151 Church Street
Skokie, IL 60077

Date Questionnaire Completed 4/22/2019

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 - 2018

Residents on 1/1/2017	267
Total Admissions 2017	203
Total Discharges 2017	207
Residents on 12/31/2017	263

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	31
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	48
Developmental Disability	0
Circulatory System	70
Respiratory System	46
Digestive System	7
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	1
TOTALS	243

Total Residents Diagnosed as Mentally Ill 268

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	290	290	276	290	263	27	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	290	290	276	290	263	27	108	328

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	0	0	0	0	0	0	14	8	22
45 to 59	67	27	0	0	0	0	0	0	67	27	94
60 to 64	39	13	0	0	0	0	0	0	39	13	52
65 to 74	49	13	0	0	0	0	0	0	49	13	62
75 to 84	21	9	0	0	0	0	0	0	21	9	30
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	191	72	0	0	0	0	0	0	191	72	263

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	12	225	0	0	0	0	237
Skilled Under 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	225	0	0	0	0	237

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	196	0	0	0	196
Hawaiian/Pacific Isl.	61	0	0	0	61
White	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	260	0	0	0	260

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	0	0	0	0	0
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	10.00
LPN's	30.00
Certified Aides	98.00
Other Health Staff	35.00
Non-Health Staff	32.00
Totals	207.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
12.3%	80.9%	0.0%	6.3%	0.5%	100.0%		
2,205,366	14,518,298	0	1,134,407	88,290	17,946,361	0	0.0%

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

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 3/19/2019

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 - 2018

Residents on 1/1/2017	238
Total Admissions 2017	79
Total Discharges 2017	64
Residents on 12/31/2017	253

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	2
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	90
Respiratory System	128
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	253

Total Residents Diagnosed as Mentally Ill 232

Total Residents Reported as Identified Offenders 36

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

LEVEL OF CARE	LICENSED 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	266	309	253	56	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	266	309	253	56	106	309

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6217	16.1%	85206	75.5%	0	0	365	0	91788	81.4%	81.4%
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	6217	16.1%	85206	75.5%	0	0	365	0	91788	81.4%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	56	26	0	0	0	0	0	0	56	26	82
60 to 64	41	23	0	0	0	0	0	0	41	23	64
65 to 74	44	22	0	0	0	0	0	0	44	22	66
75 to 84	8	12	0	0	0	0	0	0	8	12	20
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	158	95	0	0	0	0	0	0	158	95	253

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	238	0	0	1	0	253
Skilled Under 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	238	0	0	1	0	253

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	155	0	0	0	155
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	0	0	0	0	0
Total	253	0	0	0	253

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	242	0	0	0	242
Ethnicity Unknown	0	0	0	0	0
Total	253	0	0	0	253

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	29.00
Certified Aides	72.00
Other Health Staff	2.00
Non-Health Staff	36.00
Totals	146.00

NET REVENUE BY PAYOR 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%	79.9%	0.0%	0.0%	0.4%	100.0%		
3,299,273	13,413,867	0	0	67,636	16,780,776	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
Lauren Wetzel

Contact Person and Telephone
Lauren Wetzel
630-960-2026 x105

Registered Agent Information
Efriam Weinfeld
6501 S Cass Ave
Westmont, IL 60559

Date Questionnaire Completed 4/20/2019

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	179
Total Admissions 2017	524
Total Discharges 2017	529
Residents on 12/31/2017	174

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	36
Respiratory System	17
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	20
Non-Medical Conditions	67
TOTALS	174

Total Residents Diagnosed as Mentally Ill 4

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	0	0	0	174	41	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	0	0	0	174	41	215	215

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10352	13.2%	49738	63.4%	0	0	3862	0	63952	81.5%	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	10352	13.2%	49738	63.4%	0	0	3862	0	63952	81.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	15	6	0	0	0	0	0	0	15	6	21
60 to 64	5	8	0	0	0	0	0	0	5	8	13
65 to 74	10	21	0	0	0	0	0	0	10	21	31
75 to 84	17	33	0	0	0	0	0	0	17	33	50
85+	12	41	0	0	0	0	0	0	12	41	53
TOTALS	63	111	0	0	0	0	0	0	63	111	174

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	20	137	0	1	13	3	174
Skilled Under 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	137	0	1	13	3	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	130	0	0	0	130
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	166	0	0	0	166
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

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	39.00
Other Health Staff	0.00
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
34.8%	58.6%	0.0%	0.0%	6.7%	100.0%		
4,862,724	8,191,878	0	0	933,549	13,988,151	0	0.0%

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

Briar Place Nursing
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
Lawanda Bradley

Contact Person and Telephone
Lawanda Bradley
708-246-8500

Registered Agent Information
VCorp
25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

Date Questionnaire Completed 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	218
Total Admissions 2017	67
Total Discharges 2017	85
Residents on 12/31/2017	200

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	111
Developmental Disability	0
Circulatory System	17
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	200

Total Residents Diagnosed as Mentally Ill 127

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	232	232	218	232	200	32	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	218	232	200	32	88	232

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	8.3%	63227	74.7%	2018	0	179	0	68075	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	2651	8.3%	63227	74.7%	2018	0	179	0	68075	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	0	0	0	0	0	0	9	6	15
45 to 59	42	27	0	0	0	0	0	0	42	27	69
60 to 64	26	13	0	0	0	0	0	0	26	13	39
65 to 74	30	22	0	0	0	0	0	0	30	22	52
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	115	85	0	0	0	0	0	0	115	85	200

Briar Place Nursing
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	15	180	4	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	15	180	4	0	1	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	207	197
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	63	0	0	0	63
Hawaiian/Pacific Isl.	2	0	0	0	2
White	130	0	0	0	130
Race Unknown	3	0	0	0	3
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	198	0	0	0	198
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	8.00
LPN's	15.00
Certified Aides	19.00
Other Health Staff	3.00
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
14.4%	82.1%	3.1%	0.0%	0.4%	100.0%		
1,396,927	7,957,087	304,232	0	35,263	9,693,509	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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

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	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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4627	79.2%	0	0	0	0	4627	79.2%	79.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4627	79.2%	0	0	0	0	4627	79.2%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	6	0	0	6	6	12
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	6	0	0	7	6	13

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	0.00
Other Health Staff	5.50
Non-Health Staff	0.50
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%	89.1%	0.0%	0.0%	10.9%	100.0%		
0	579,014	0	0	70,735	649,749	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 Ave.
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 Peck
708-594-5440

Registered Agent Information
Abraham Stern - MS Services
191 N. Wacker Dr.
Chicago, IL 60606

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	118
Total Admissions 2017	170
Total Discharges 2017	153
Residents on 12/31/2017	135

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	0
Circulatory System	36
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	14
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	135

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	146	0	0	146	135	11	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	146	135	11	142	146

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8894	17.2%	29521	55.4%	0	88	7474	0	45977	86.3%	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	8894	17.2%	29521	55.4%	0	88	7474	0	45977	86.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	13	10	0	0	0	0	0	0	13	10	23
75 to 84	15	32	0	0	0	0	0	0	15	32	47
85+	12	46	0	0	0	0	0	0	12	46	58
TOTALS	44	91	0	0	0	0	0	0	44	91	135

Bridgeview Health Care Center, Ltd.
8100 S. Harlem Ave.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	33	80	0	1	21	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	33	80	0	1	21	0	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	38	0	0	0	38
Hawaiian/Pacific Isl.	1	0	0	0	1
White	80	0	0	0	80
Race Unknown	15	0	0	0	15
Total	135	0	0	0	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	5	0	0	0	5
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	4.25
LPN's	19.50
Certified Aides	51.00
Other Health Staff	23.00
Non-Health Staff	30.75
Totals	130.50

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
42.0%	43.0%	3.6%	0.1%	11.2%	100.0%		
5,070,810	5,189,907	429,944	15,960	1,352,595	12,059,216	0	0.0%

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

Bridgeway Senior Living
111 East Washington Street
Bensenville, IL. 60106

Reference Numbers

Facility ID	6000353	
Health Service Area	007	
Planning Service Area	703	Planning Area 7-C
County	043	Addison Township

Administrator
Mark Murphey

Contact Person and Telephone
Mark Matthews
630-787-7019

Registered Agent Information
Larry Becker
1275 Milwauke Ave. Suite 30
Glenview, IL 60023

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	176
Total Admissions 2017	543
Total Discharges 2017	548
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	4
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	12
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	20

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	222	203	171	203	171	51	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	222	203	171	203	171	51	226	226

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15	0.0%	137	0.2%	0	5	23	0	180	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	15	0.0%	137	0.2%	0	5	23	0	180	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	3	0	0	0	0	0	0	5	3	8
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	15	26	0	0	0	0	0	0	15	26	41
85+	25	65	0	0	0	0	0	0	25	65	90
TOTALS	61	112	0	0	0	0	0	0	61	112	173

Bridgeway Senior Living
111 East Washington Street
Bensenville, IL. 60106

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	80	39	0	0	28	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	80	39	0	0	28	0	147

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	266	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	152	0	0	0	152
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	12	0	0	0	12
Non-Hispanic	2	0	0	0	2
Ethnicity Unknown	0	0	0	0	0
Total	14	0	0	0	14

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	27.00
LPN's	25.00
Certified Aides	69.00
Other Health Staff	10.00
Non-Health Staff	53.00
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
23.5%	63.3%	0.0%	0.5%	12.8%	100.0%		
3,780,642	10,203,510	0	74,628	2,055,963	16,114,743	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
Angela Moore

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	4
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4928	84.4%	0	0	0	0	4928	84.4%	84.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4928	84.4%	0	0	0	0	4928	84.4%	84.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	13	2	0	0	13	2	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	5	0	5
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%	79.8%	2.9%	0.0%	17.2%	100.0%		
0	516,704	18,991	0	111,425	647,120	0	0.0%

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

Brookdale Burr Ridge
6801 High Grove Blvd
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
Anne Hoeksema

Contact Person and Telephone
Anne Hoeksema
630-920-2900

Registered Agent Information
S-H OpCo Burr Ridge, LLC
6801 High Grove Blvd
Burr Ridge, IL 60527

Date Questionnaire Completed 4/18/2019

Continuing Care Retirement Community

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	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	122
Total Admissions 2017	250
Total Discharges 2017	256
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
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	0
Injuries and Poisonings	10
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	20

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	29	0	0	29	20	9	29	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	99	0	0	99	96	3		
TOTAL BEDS	128	0	0	128	116	12	29	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3221	30.4%	0	0.0%	0	809	3838	0	7868	74.3%	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	3868	0	3868	10.7%	0.0%
TOTALS	3221	30.4%	0	0.0%	0	809	7706	0	11736	25.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	2	2
65 to 74	0	0	0	0	0	0	1	2	1	2	3
75 to 84	3	6	0	0	0	0	6	10	9	16	25
85+	6	5	0	0	0	0	16	59	22	64	86
TOTALS	9	11	0	0	0	0	23	73	32	84	116

Brookdale Burr Ridge
6801 High Grove Blvd
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	4	0	0	6	10	0	20
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	96	0	96
TOTALS	4	0	0	6	106	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	338	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	115

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	3	4
American Indian	0	0	0	0	0
Black	0	0	0	2	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	91	110
Race Unknown	0	0	0	0	0
Total	20	0	0	96	116

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	13.00
Certified Aides	31.00
Other Health Staff	28.00
Non-Health Staff	35.00
Totals	115.50

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
18.9%	0.0%	0.0%	3.2%	77.9%	100.0%		
1,767,486	0	0	302,405	7,282,822	9,352,713	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 3/28/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	311
Total Discharges 2017	310
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
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	55	55	55	55	34	21	55	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	27	27	27	27	21	6		
TOTAL BEDS	82	82	82	82	55	27	55	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4668	23.3%	0	0.0%	0	1181	10393	0	16242	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	4668	23.3%	0	0.0%	0	1181	10393	0	16242	54.3%	54.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	4	0	0	0	0	1	2	6	6	12
85+	9	16	0	0	0	0	0	18	9	34	43
TOTALS	14	20	0	0	0	0	1	20	15	40	55

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	0	0	3	0	18	34
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	21	21
TOTALS	13	0	0	3	0	39	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	238

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	21	55
Race Unknown	0	0	0	0	0
Total	34	0	0	21	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	18.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	16.00
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
38.2%	0.0%	0.0%	6.4%	55.3%	100.0%		
2,806,120	0	0	472,986	4,063,955	7,343,061	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
Brooke Schueller

Contact Person and Telephone
Katerina Kasha
847-797-2700

Registered Agent Information

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	109
Total Admissions 2017	226
Total Discharges 2017	223
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	19
Mental Illness	29
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	112

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	30	30	30	30	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	121	0	0	121	94	27		
TOTAL BEDS	151	30	30	151	112	39	30	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3203	29.3%	0	0.0%	0	0	4885	0	8088	73.9%	73.9%
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	41581	0	41581	94.1%	0.0%
TOTALS	3203	29.3%	0	0.0%	0	0	46466	0	49669	90.1%	453.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	2	8	10
75 to 84	1	4	0	0	0	0	8	12	9	16	25
85+	4	7	0	0	0	0	15	51	19	58	77
TOTALS	7	11	0	0	0	0	23	71	30	82	112

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	5	0	0	0	13	0	18
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	94	0	94
TOTALS	5	0	0	0	107	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	304	260
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	18	0	0	93	111
Race Unknown	0	0	0	0	0
Total	18	0	0	94	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	18	0	0	94	112
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	94	112

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	16.00
LPN's	16.50
Certified Aides	47.00
Other Health Staff	30.50
Non-Health Staff	37.00
Totals	149.00

NET REVENUE BY PAYOR 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%	0.0%	0.0%	0.0%	78.9%	100.0%		
1,932,551	0	0	0	7,241,312	9,173,863	0	0.0%

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

Brother James Court
2508 Saint 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
Gloria Morrow
217-747-5912

Registered Agent Information
Patrick J Sheehan
1215 South 4th St, Suite A
Springfield, IL 62703

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	91
Total Admissions 2017	6
Total Discharges 2017	11
Residents on 12/31/2017	86

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	86
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	91	99	86	13		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	91	99	86	13	0	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			32806	90.8%	0	0	0	0	32806	90.8%	90.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32806	90.8%	0	0	0	0	32806	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	27	0	0	0	27	0	27
60 to 64	0	0	0	0	18	0	0	0	18	0	18
65 to 74	0	0	0	0	16	0	0	0	16	0	16
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	86	0	0	0	86	0	86

Brother James Court
2508 Saint 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	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		86	0	0	0	0	86
Sheltered Care			0	0	0	0	0
TOTALS	0	86	0	0	0	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	161	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	80	0	80
Race Unknown	0	0	0	0	0
Total	0	0	86	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	86	0	86
Ethnicity Unknown	0	0	0	0	0
Total	0	0	86	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.30
LPN's	11.67
Certified Aides	36.68
Other Health Staff	14.69
Non-Health Staff	32.31
Totals	100.65

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
0.0%	79.6%	0.3%	0.0%	20.1%	100.0%		
0	3,344,253	13,005	0	845,037	4,202,295	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 4/12/2019

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 - 2018

Residents on 1/1/2017	98
Total Admissions 2017	17
Total Discharges 2017	18
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 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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	100	100	100	100	97	3		93
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	100	100	97	3	0	93

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			35191	######	0	0	0	0	35191	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35191	######	0	0	0	0	35191	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	6	0	0	10	6	16
45 to 59	0	0	0	0	14	14	0	0	14	14	28
60 to 64	0	0	0	0	7	10	0	0	7	10	17
65 to 74	0	0	0	0	17	10	0	0	17	10	27
75 to 84	0	0	0	0	4	4	0	0	4	4	8
85+	0	0	0	0	1	0	0	0	1	0	1
TOTALS	0	0	0	0	53	44	0	0	53	44	97

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		97	0	0	0	0	97
Sheltered Care			0	0	0	0	0
TOTALS	0	97	0	0	0	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	415	415
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	23	0	23
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	74	0	74
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	2	0	2
Non-Hispanic	0	0	95	0	95
Ethnicity Unknown	0	0	0	0	0
Total	0	0	97	0	97

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	82.00
Other Health Staff	10.00
Non-Health Staff	35.00
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%	92.8%	5.9%	0.0%	1.4%	100.0%		
0	12,950,047	821,859	0	188,620	13,960,526	0	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 4/8/2019

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 - 2018

Residents on 1/1/2017	101
Total Admissions 2017	45
Total Discharges 2017	52
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	45
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
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	247	235	103	235	94	153	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	103	235	94	153	235	235

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2055	2.4%	21857	25.5%	0	0	11320	0	35232	39.1%	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	2055	2.4%	21857	25.5%	0	0	11320	0	35232	39.1%	41.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	5	6	11
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	14	39	0	0	0	0	0	0	14	39	53
TOTALS	32	62	0	0	0	0	0	0	32	62	94

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	7	61	0	0	26	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	7	61	0	0	26	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	298	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	86	0	0	0	86
Race Unknown	4	0	0	0	4
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	13.00
LPN's	5.00
Certified Aides	34.00
Other Health Staff	3.00
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
14.5%	41.9%	0.0%	0.0%	43.6%	100.0%		
1,015,935	2,927,716	0	0	3,045,967	6,989,618	0	0.0%

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

Burgess Square Healthcare Centre
5801 S 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 4/18/2019

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 - 2018

Residents on 1/1/2017	119
Total Admissions 2017	1,183
Total Discharges 2017	1,195
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	14
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	107

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	203	203	135	190	107	96	203	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	203	203	135	190	107	96	203	4

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18695	25.2%	5824	######	0	6336	11609	0	42464	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	18695	25.2%	5824	######	0	6336	11609	0	42464	57.3%	57.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	0	3	0	0	0	0	0	0	0	3	3
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	11	30	0	0	0	0	0	0	11	30	41
TOTALS	35	72	0	0	0	0	0	0	35	72	107

Burgess Square Healthcare Centre
5801 S 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	50	13	0	14	30	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	50	13	0	14	30	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	330	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	102	0	0	0	102
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	1	0	0	0	1
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	0	107

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	33.00
LPN's	15.00
Certified Aides	56.00
Other Health Staff	48.00
Non-Health Staff	69.00
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
65.8%	1.2%	0.0%	14.3%	18.7%	100.0%		
12,167,480	228,282	0	2,638,524	3,468,561	18,502,847	0	0.0%

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

Burnham House
545 Burnham
University Park , IL. 60484

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 x13

Registered Agent Information
Dave Krchak
30 E main st
Champaign, IL 61821

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

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	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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	3	1	0	0	3	1	4
60 to 64	0	0	0	0	1	2	0	0	1	2	3
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	6	8	0	0	6	8	14

Burnham House
545 Burnham
University Park , IL. 60484

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	196	196
Sheltered Care	0	0

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	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	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	0.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	88.3%	11.7%	0.0%	0.0%	100.0%		
0	802,773	106,100	0	0	908,873	0	0.0%

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

Burnsides Community Health Center
410 N 2nd 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
Steve Arney
612 Angie Lane
Marshall, IL 62441

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	86
Total Discharges 2017	89
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	2
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	3
TOTALS	41

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	75	75	59	75	41	34	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	59	75	41	34	75	75

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2262	8.3%	9095	33.2%	0	0	7162	0	18519	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	2262	8.3%	9095	33.2%	0	0	7162	0	18519	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	5	4	9
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	13	28	0	0	0	0	0	0	13	28	41

Burnsides Community Health Center
410 N 2nd 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	2	21	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	2	21	0	0	18	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	11.00
LPN's	3.00
Certified Aides	19.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
21.8%	30.2%	0.0%	0.0%	48.1%	100.0%		
923,390	1,277,864	0	0	2,036,937	4,238,191	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
Barbara Ledder

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 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	66
Total Admissions 2017	78
Total Discharges 2017	75
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	21
Mental Illness	10
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	2
TOTALS	69

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	80	80	77	80	69	11	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	69	11	80	80

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3250	11.1%	12419	42.5%	798	0	9228	0	25695	88.0%	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	3250	11.1%	12419	42.5%	798	0	9228	0	25695	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	2	0	0	0	0	0	0	8	2	10
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	8	26	0	0	0	0	0	0	8	26	34
TOTALS	26	43	0	0	0	0	0	0	26	43	69

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	32	0	2	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	8	32	0	2	27	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	9.02
LPN's	6.41
Certified Aides	25.72
Other Health Staff	26.73
Non-Health Staff	0.00
Totals	69.89

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
33.7%	33.5%	0.0%	5.8%	27.1%	100.0%		
1,680,138	1,672,762	0	288,252	1,351,530	4,992,682	0	0.0%

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

California Gardens
2829 S. California Ave.
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
Prentice Dixon

Contact Person and Telephone
Prentice Dixon
773-847-2019

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	266
Total Admissions 2017	452
Total Discharges 2017	438
Residents on 12/31/2017	280

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	33
Blood Disorders	4
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	45
Developmental Disability	3
Circulatory System	67
Respiratory System	16
Digestive System	7
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	51
Injuries and Poisonings	14
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	280

Total Residents Diagnosed as Mentally Ill 80

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	297	297	0	297	280	17	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	297	0	297	280	17	297	297

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7	0.0%	249	0.2%	17	0	10	0	283	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	7	0.0%	249	0.2%	17	0	10	0	283	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	7	0	0	0	0	0	0	19	7	26
45 to 59	71	20	0	0	0	0	0	0	71	20	91
60 to 64	37	9	0	0	0	0	0	0	37	9	46
65 to 74	58	21	0	0	0	0	0	0	58	21	79
75 to 84	19	11	0	0	0	0	0	0	19	11	30
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	206	74	0	0	0	0	0	0	206	74	280

California Gardens
2829 S. California Ave.
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	10	252	17	0	1	0	280
Skilled Under 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	252	17	0	1	0	280

AVERAGE DAILY PAYMENT RATES

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

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	183	0	0	0	183
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	0	0	0	0	0
Total	280	0	0	0	280

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	34	0	0	0	34
Non-Hispanic	246	0	0	0	246
Ethnicity Unknown	0	0	0	0	0
Total	280	0	0	0	280

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	31.00
Certified Aides	60.00
Other Health Staff	20.00
Non-Health Staff	40.00
Totals	159.00

NET REVENUE BY PAYOR 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%	1.9%	5.6%	81.5%	0.6%	100.0%		
847,497	150,753	457,680	6,620,895	49,770	8,126,595	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
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 4/4/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2180	99.5%	0	0	0	0	2180	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2180	99.5%	0	0	0	0	2180	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	3	1	0	0	3	1	4
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	3	3	0	0	3	3	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	82.7%	2.3%	0.0%	15.1%	100.0%		
0	384,899	10,534	0	70,197	465,630	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 4/12/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	28
Total Discharges 2017	29
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	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	89
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	113	108	92	108	89	24	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	92	108	89	24	113	113

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2106	5.1%	23752	57.6%	3866	0	2449	0	32173	78.0%	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	2106	5.1%	23752	57.6%	3866	0	2449	0	32173	78.0%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	22	20	0	0	0	0	0	0	22	20	42
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	44	45	0	0	0	0	0	0	44	45	89

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	6	65	11	0	7	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	65	11	0	7	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	6	0	0	0	6
Total	89	0	0	0	89

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	85	0	0	0	85
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	16.00
LPN's	4.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	40.00
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
19.0%	62.7%	11.7%	0.0%	6.5%	100.0%		
1,363,000	4,494,000	839,300	0	468,900	7,165,200	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
Levi Graham

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	0	4	4	0	0	4

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	94.5%	1.4%	0.0%	4.2%	100.0%		
0	307,053	4,416	0	13,587	325,056	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
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 4/4/2019

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 - 2018

Residents on 1/1/2017	4
Total Admissions 2017	1
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 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1419	97.2%	0	0	0	0	1419	97.2%	97.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1419	97.2%	0	0	0	0	1419	97.2%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	2	0	2
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%	91.4%	0.6%	0.0%	8.0%	100.0%		
0	296,364	2,107	0	25,801	324,272	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 Allen
217-854-9443

Registered Agent Information
Richard Grader
636 W Imboden Drive
Decatur, IL 62521

Date Questionnaire Completed 2/25/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5616	96.2%	0	0	0	0	5616	96.2%	96.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5616	96.2%	0	0	0	0	5616	96.2%	96.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	5	0	0	2	5	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	125
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	12.00
Non-Health Staff	0.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	650,613	0	0	0	650,613	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 4/12/2019

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 - 2018

Residents on 1/1/2017	59
Total Admissions 2017	198
Total Discharges 2017	186
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	4
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	70

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	98	94	81	94	71	27	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	81	94	71	27	98	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2149	6.0%	15313	42.8%	1910	856	3316	0	23544	65.8%	68.6%
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	2149	6.0%	15313	42.8%	1910	856	3316	0	23544	65.8%	68.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
65 to 74	5	10	0	0	0	0	0	0	5	10	15
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	22	49	0	0	0	0	0	0	22	49	71

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	54	0	2	10	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	4	54	0	2	10	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	178	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	67	0	0	0	67
White	0	0	0	0	0
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	7.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	3.00
Non-Health Staff	8.00
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
23.4%	57.1%	0.0%	7.5%	12.0%	100.0%		
990,506	2,412,586	0	316,009	509,188	4,228,289	0	0.0%

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

Carlton at the Lake
725 W Montrose Ave
Chicago, IL. 60645

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 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	191
Total Admissions 2017	220
Total Discharges 2017	217
Residents on 12/31/2017	194

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	10
Non-Medical Conditions	0
TOTALS	194

Total Residents Diagnosed as Mentally Ill 5

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	244	244	205	244	194	50	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	205	244	194	50	244	244

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5072	5.7%	59368	66.7%	0	974	5226	0	70640	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	5072	5.7%	59368	66.7%	0	974	5226	0	70640	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	20	13	0	0	0	0	0	0	20	13	33
60 to 64	7	12	0	0	0	0	0	0	7	12	19
65 to 74	34	26	0	0	0	0	0	0	34	26	60
75 to 84	15	35	0	0	0	0	0	0	15	35	50
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	86	108	0	0	0	0	0	0	86	108	194

Carlton at the Lake
725 W Montrose Ave
Chicago, IL. 60645

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	14	163	0	3	14	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	14	163	0	3	14	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	59	0	0	0	59
Hawaiian/Pacific Isl.	0	0	0	0	0
White	126	0	0	0	126
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	24.00
Certified Aides	60.00
Other Health Staff	11.00
Non-Health Staff	60.00
Totals	187.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.9%	70.1%	0.0%	3.3%	7.8%	100.0%		
2,919,086	10,848,510	0	507,540	1,208,258	15,483,394	0	0.0%

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

Carlyle Healthcare Center, Inc.
501 Clinton St.
Carlyle, IL. 62231

Reference Numbers

Facility ID	6001473	
Health Service Area	011	
Planning Service Area	027	Clinton
County	027	Clinton County

Administrator
Karla Diekemper

Contact Person and Telephone
Christopher A. Reis
217-228-1950

Registered Agent Information
Giffin Winning Cohen & Bodewes, Attn:
1 W. Old State Capitol Plaza #600
Springfield, IL 62701

Date Questionnaire Completed 3/13/2019

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 - 2018

Residents on 1/1/2017	86
Total Admissions 2017	91
Total Discharges 2017	78
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	12
Developmental Disability	1
Circulatory System	25
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	12
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	99

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	109	100	100	99	99	10	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	100	100	99	99	10	70	108

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	16.8%	15521	39.4%	0	0	13675	0	33481	84.2%	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	4285	16.8%	15521	39.4%	0	0	13675	0	33481	84.2%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	0	0	0	0	0	0	3	3	6
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	31	68	0	0	0	0	0	0	31	68	99

Carlyle Healthcare Center, Inc.
501 Clinton St.
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	13	49	0	2	35	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	13	49	0	2	35	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	193
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	11	0	0	0	11
Total	99	0	0	0	99

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	10	0	0	0	10
Total	99	0	0	0	99

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	7.20
LPN's	15.88
Certified Aides	45.74
Other Health Staff	1.94
Non-Health Staff	33.63
Totals	106.49

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
31.6%	30.3%	0.0%	0.0%	38.1%	100.0%		
2,249,412	2,152,072	0	0	2,711,096	7,112,580	0	0.0%

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

Carmi Manor Rehab & Nursing Center
815 W Webb St
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 St
Carmi, IL 62821

Date Questionnaire Completed 3/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	57
Total Admissions 2017	64
Total Discharges 2017	64
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	1
Circulatory System	14
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	57

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	74	70	68	70	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	70	68	70	57	17	74	74

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3034	11.2%	16513	61.1%	0	666	2115	0	22328	82.7%	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	3034	11.2%	16513	61.1%	0	666	2115	0	22328	82.7%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	4	7	11
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	9	4	0	0	0	0	0	0	9	4	13
75 to 84	8	7	0	0	0	0	0	0	8	7	15
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	27	30	0	0	0	0	0	0	27	30	57

Carmi Manor Rehab & Nursing Center
815 W Webb St
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	46	0	1	6	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	4	46	0	1	6	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	4	0	0	0	4
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	57	0	0	0	57
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	8.40
Certified Aides	20.20
Other Health Staff	6.00
Non-Health Staff	17.30
Totals	58.90

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
37.8%	48.5%	0.0%	5.4%	8.2%	100.0%		
1,616,536	2,075,651	0	231,917	351,328	4,275,432	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 4/4/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	2
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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4706	80.6%	0	0	0	0	4706	80.6%	80.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4706	80.6%	0	0	0	0	4706	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	3	0	0	0	3	3
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	7	6	0	0	7	6	13

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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%	82.4%	0.3%	0.0%	17.3%	100.0%		
0	566,862	2,190	0	119,014	688,066	0	0.0%

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

Carr Home
6300 N. Ridge Ave.
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 DeCarlo

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 3/26/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	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	0	0	5475	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	7	0	0	0	7	7
60 to 64	0	0	0	0	0	2	0	0	0	2	2
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 Ave.
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.08
Director of Nursing	0.25
Registered Nurses	1.61
LPN's	0.25
Certified Aides	16.97
Other Health Staff	5.20
Non-Health Staff	5.18
Totals	29.90

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%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	785,332	0	0	192,146	977,478	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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	127
Total Discharges 2017	134
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	10
Endocrine/Metabolic	32
Blood Disorders	5
*Nervous System Non Alzheimer	0
Alzheimer Disease	40
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	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	99	99	87	99	87	12	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	87	99	87	12	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	52	0.1%	0	5	20	0	87	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	10	0.0%	52	0.1%	0	5	20	0	87	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
65 to 74	11	20	0	0	0	0	0	0	11	20	31
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	8	6	0	0	0	0	0	0	8	6	14
TOTALS	34	53	0	0	0	0	0	0	34	53	87

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	77	0	0	0	77
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	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	40.00
Other Health Staff	6.00
Non-Health Staff	54.00
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%	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.

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 4/4/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5433	93.0%	0	0	57	0	5490	94.0%	94.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5433	93.0%	0	0	57	0	5490	94.0%	94.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	77.9%	2.1%	0.0%	19.9%	100.0%		
0	496,044	13,602	0	127,000	636,646	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
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5447	93.3%	0	0	0	0	5447	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5447	93.3%	0	0	0	0	5447	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	76.7%	3.2%	0.0%	20.1%	100.0%		
0	553,439	23,069	0	145,344	721,852	0	0.0%

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

Casey Health Care Center
100 NE 15th Street
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/27/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	56
Total Admissions 2017	60
Total Discharges 2017	61
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	3
Developmental Disability	3
Circulatory System	4
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	55

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	69	69	55	69	55	14	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	55	69	55	14	0	69

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1719	0.0%	14427	57.3%	0	0	3618	0	19764	78.5%	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	1719	0.0%	14427	57.3%	0	0	3618	0	19764	78.5%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	4	0	0	0	0	0	0	0	4	4
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	15	40	0	0	0	0	0	0	15	40	55

Casey Health Care Center
100 NE 15th Street
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	35	3	4	9	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	35	3	4	9	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	55	0	0	0	55
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	5.00
LPN's	7.00
Certified Aides	37.00
Other Health Staff	7.00
Non-Health Staff	15.00
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
6.6%	72.8%	0.0%	0.8%	19.8%	100.0%		
169,732	1,862,566	0	20,786	506,956	2,560,040	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

Reference Numbers

Facility ID	6010227	
Health Service Area	011	
Planning Service Area	163	St. Clair
County	163	St. Clair County

Administrator
ROBERT KREBS

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 4/29/2019

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 - 2018

Residents on 1/1/2017	114
Total Admissions 2017	93
Total Discharges 2017	99
Residents on 12/31/2017	108

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	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	106
Non-Medical Conditions	0
TOTALS	108

Total Residents Diagnosed as Mentally Ill 82

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	119	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	119	150	108	42	150	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3437	6.3%	30434	55.6%	0	0	5186	0	39057	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	3437	6.3%	30434	55.6%	0	0	5186	0	39057	71.3%	71.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
65 to 74	16	7	0	0	0	0	0	0	16	7	23
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	41	67	0	0	0	0	0	0	41	67	108

Caseyville Nursing & Rehab Center
601 West Lincoln
Caseyville, IL. 62232

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	12	83	0	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	12	83	0	0	13	0	108

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	157
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	67	0	0	0	67
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	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	108	0	0	0	108
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	4.00
LPN's	12.00
Certified Aides	54.00
Other Health Staff	6.00
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
19.6%	66.0%	0.0%	0.0%	14.3%	100.0%		
1,144,097	3,848,837	0	0	835,509	5,828,443	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
Kathleen L. Pine
2015 West Main Street, #111
Carbondale, IL 62901

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	274
Total Discharges 2017	257
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	26
Mental Illness	1
Developmental Disability	0
Circulatory System	39
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	12
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	116	113	113	113	113	3	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	113	113	113	113	3	116	116

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4880	11.5%	25503	60.2%	1017	2942	5383	0	39725	93.8%	96.3%
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	4880	11.5%	25503	60.2%	1017	2942	5383	0	39725	93.8%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
65 to 74	9	17	0	0	0	0	0	0	9	17	26
75 to 84	9	27	0	0	0	0	0	0	9	27	36
85+	8	29	0	0	0	0	0	0	8	29	37
TOTALS	33	80	0	0	0	0	0	0	33	80	113

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	8	82	0	8	15	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	8	82	0	8	15	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	91	0	0	0	91
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	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	16.00
Certified Aides	36.00
Other Health Staff	1.00
Non-Health Staff	26.00
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
32.3%	36.2%	6.8%	12.6%	12.0%	100.0%		
2,799,202	3,136,684	590,366	1,089,365	1,042,225	8,657,842	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 Ave
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
Abraham Stern
191 N. Wacker dr.
Chicago, IL 60606

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	92
Total Discharges 2017	93
Residents on 12/31/2017	143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	23
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	39
Digestive System	1
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	143

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	153	156	143	13	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	153	156	143	13	98	156

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.6%	20789	36.5%	0	0	585	0	25176	44.2%	44.2%
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	3802	10.6%	20789	36.5%	0	0	585	0	25176	44.2%	44.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	3	0	0	0	0	0	0	6	3	9
65 to 74	15	11	0	0	0	0	0	0	15	11	26
75 to 84	29	29	0	0	0	0	0	0	29	29	58
85+	21	27	0	0	0	0	0	0	21	27	48
TOTALS	73	70	0	0	0	0	0	0	73	70	143

Center Home For Hispanic Elderly
1401 N. California Ave
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	13	128	0	2	0	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	13	128	0	2	0	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	142	0	0	0	142
Non-Hispanic	1	0	0	0	1
Ethnicity Unknown	0	0	0	0	0
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	15.00
LPN's	13.00
Certified Aides	45.00
Other Health Staff	12.00
Non-Health Staff	42.00
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
24.5%	74.6%	0.0%	0.0%	1.0%	100.0%		
2,756,427	8,397,292	0	350	109,330	11,263,399	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 4/16/2019

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 - 2018

Residents on 1/1/2017	138
Total Admissions 2017	118
Total Discharges 2017	118
Residents on 12/31/2017	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	23
Mental Illness	52
Developmental Disability	0
Circulatory System	22
Respiratory System	1
Digestive System	10
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 52

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	113	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	143	150	138	12	68	120

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3573	14.4%	8066	18.4%	0	0	27461	0	39100	89.3%	89.3%
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	10628	0	10628	97.1%	97.1%
TOTALS	3573	14.4%	8066	18.4%	0	0	38089	0	49728	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	1	0	4	4	8
75 to 84	9	20	0	0	0	0	0	5	9	25	34
85+	7	66	0	0	0	0	7	16	14	82	96
TOTALS	19	90	0	0	0	0	8	21	27	111	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	13	23	0	0	73	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	13	23	0	0	102	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	404	304
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	211

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	105	0	0	29	134
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	1	0	0	0	1
Non-Hispanic	108	0	0	29	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	21.60
LPN's	7.80
Certified Aides	54.60
Other Health Staff	1.50
Non-Health Staff	97.30
Totals	185.80

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
12.0%	8.5%	0.0%	0.0%	79.5%	100.0%		
1,981,977	1,404,788	0	0	13,132,998	16,519,763	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 4/17/2019

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 - 2018

Residents on 1/1/2017	233
Total Admissions 2017	137
Total Discharges 2017	145
Residents on 12/31/2017	225

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	43
Blood Disorders	6
*Nervous System Non Alzheimer	31
Alzheimer Disease	0
Mental Illness	20
Developmental Disability	0
Circulatory System	53
Respiratory System	45
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	225

Total Residents Diagnosed as Mentally Ill 107

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	245	245	225	245	225	20	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	225	245	225	20	11	124

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2963	73.8%	78860	######	0	0	215	0	82038	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	2963	73.8%	78860	######	0	0	215	0	82038	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	51	17	0	0	0	0	0	0	51	17	68
60 to 64	33	15	0	0	0	0	0	0	33	15	48
65 to 74	44	21	0	0	0	0	0	0	44	21	65
75 to 84	17	7	0	0	0	0	0	0	17	7	24
85+	7	1	0	0	0	0	0	0	7	1	8
TOTALS	160	65	0	0	0	0	0	0	160	65	225

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	216	0	3	0	0	225
Skilled Under 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	216	0	3	0	0	225

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	143	0	0	0	143
Race Unknown	0	0	0	0	0
Total	225	0	0	0	225

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	46	0	0	0	46
Non-Hispanic	179	0	0	0	179
Ethnicity Unknown	0	0	0	0	0
Total	225	0	0	0	225

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	25.00
Other Health Staff	4.00
Non-Health Staff	41.00
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
15.7%	82.6%	0.9%	0.5%	0.4%	100.0%		
2,136,900	11,267,020	123,934	63,940	51,899	13,643,693	0	0.0%

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

Centralia Manor
1910 East Mccord
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
MICHAEL J BIBO
285 SOUTH FARNHAM
Galesburg, IL 61401

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	232
Total Discharges 2017	234
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	18
Respiratory System	15
Digestive System	10
Genitourinary System Disorders	13
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	5
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	105	120	92	28	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	105	120	92	28	120	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10754	24.6%	14312	32.7%	566	0	9635	0	35267	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	10754	24.6%	14312	32.7%	566	0	9635	0	35267	80.5%	80.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	12	53	0	0	0	0	0	0	12	53	65
TOTALS	24	68	0	0	0	0	0	0	24	68	92

Centralia Manor
1910 East Mccord
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	30	36	0	0	26	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	30	36	0	0	26	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	90	0	0	0	90
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	5.50
LPN's	21.00
Certified Aides	62.00
Other Health Staff	1.50
Non-Health Staff	28.00
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
58.5%	22.0%	0.9%	0.1%	18.6%	100.0%		
5,760,773	2,164,695	84,232	13,450	1,827,706	9,850,856	0	0.0%

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

Chalet Living & Rehab
7350 N Sheridan Road
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
Laurie Daugherty

Contact Person and Telephone
Laurie Daugherty
773-274-1000

Registered Agent Information
Illinois Corporate Services Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/1/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	188
Total Admissions 2017	158
Total Discharges 2017	157
Residents on 12/31/2017	189

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	99
Respiratory System	33
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	8
Other Medical Conditions	0
Non-Medical Conditions	3
TOTALS	189

Total Residents Diagnosed as Mentally Ill 1

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	197	208	189	30	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	197	208	189	30	219	219

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3127	3.9%	7157	9.0%	0	608	1481	0	12373	15.5%	16.3%
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	3127	3.9%	7157	9.0%	0	608	1481	0	12373	15.5%	16.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	16	0	0	0	0	0	0	17	16	33
45 to 59	29	16	0	0	0	0	0	0	29	16	45
60 to 64	15	11	0	0	0	0	0	0	15	11	26
65 to 74	23	18	0	0	0	0	0	0	23	18	41
75 to 84	5	17	0	0	0	0	0	0	5	17	22
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	94	95	0	0	0	0	0	0	94	95	189

Chalet Living & Rehab
7350 N Sheridan Road
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	5	178	0	0	6	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	5	178	0	0	6	0	189

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	88	0	0	0	88
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
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	182	0	0	0	182
Ethnicity Unknown	0	0	0	0	0
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	11.00
LPN's	28.00
Certified Aides	43.00
Other Health Staff	19.00
Non-Health Staff	43.00
Totals	146.00

NET REVENUE BY PAYOR 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%	81.9%	0.0%	2.3%	3.8%	100.0%		
1,679,558	11,504,752	0	319,312	539,654	14,043,276	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
Deirdra Manigo

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4889	83.7%	0	0	0	0	4889	83.7%	83.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4889	83.7%	0	0	0	0	4889	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	1	2	3
65 to 74	0	0	0	0	0	4	0	0	0	4	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	7	7	0	0	7	7	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1	0	1
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%	78.8%	0.3%	0.0%	20.9%	100.0%		
0	567,597	2,107	0	150,850	720,554	0	0.0%

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

Champaign Urbana Nursing and 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
Kathy Eyre

Contact Person and Telephone
Kathy Eyre
217-402-9632

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd
Skokie, IL 60077

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	120
Total Admissions 2017	380
Total Discharges 2017	396
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	13
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	9
Other Medical Conditions	12
Non-Medical Conditions	9
TOTALS	105

Total Residents Diagnosed as Mentally Ill 5

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	213	179	127	179	104	109	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	179	127	179	104	109	213	118

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7130	9.2%	28113	65.3%	0	3373	3463	0	42079	54.1%	64.4%
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	7130	9.2%	28113	65.3%	0	3373	3463	0	42079	54.1%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	0	4	0	4
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	38	66	0	0	0	0	0	0	38	66	104

Champaign Urbana Nursing and 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	16	43	21	8	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	16	43	21	8	16	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	21	0	0	0	21
Hawaiian/Pacific Isl.	0	0	0	0	0
White	78	0	0	0	78
Race Unknown	4	0	0	0	4
Total	104	0	0	0	104

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	19.20
LPN's	13.38
Certified Aides	32.90
Other Health Staff	0.00
Non-Health Staff	48.07
Totals	115.55

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
46.1%	40.6%	0.0%	5.0%	8.3%	100.0%		
5,083,790	4,472,659	839	549,679	919,390	11,026,357	0	0.0%

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

Charleston Rehab. & Health Care Center
716 18TH ST
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	106
Total Discharges 2017	107
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	18
Mental Illness	1
Developmental Disability	5
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

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	139	139	62	139	57	82	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	62	139	57	82	93	139

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2198	6.5%	15156	29.9%	0	34	2366	0	19754	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	2198	6.5%	15156	29.9%	0	34	2366	0	19754	38.9%	38.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	1	0	0	0	0	0	0	4	1	5
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	8	11	0	0	0	0	0	0	8	11	19
TOTALS	24	33	0	0	0	0	0	0	24	33	57

Charleston Rehab. & Health Care Center
716 18TH ST
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	40	0	1	7	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	40	0	1	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	54	0	0	0	54
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	5.00
LPN's	3.00
Certified Aides	22.00
Other Health Staff	2.00
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
8.7%	74.0%	0.0%	4.2%	13.2%	100.0%		
226,835	1,938,903	0	110,622	344,907	2,621,267	0	0.0%

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

Chateau Nursing and Rehabilitation Center
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
Laura Aranda

Contact Person and Telephone
Ron Cournaya
847-905-3000

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	191
Total Discharges 2017	164
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	2
Mental Illness	17
Developmental Disability	0
Circulatory System	16
Respiratory System	18
Digestive System	6
Genitourinary System Disorders	15
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	140

Total Residents Diagnosed as Mentally Ill 17

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	140	10	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	150	150	140	10	150	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6567	12.0%	30787	56.2%	0	686	7887	0	45927	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	6567	12.0%	30787	56.2%	0	686	7887	0	45927	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	13	8	0	0	0	0	0	0	13	8	21
75 to 84	15	33	0	0	0	0	0	0	15	33	48
85+	7	57	0	0	0	0	0	0	7	57	64
TOTALS	38	102	0	0	0	0	0	0	38	102	140

Chateau Nursing and Rehabilitation Center
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	107	0	0	16	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	17	107	0	0	16	0	140

AVERAGE DAILY PAYMENT RATES

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

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	120	0	0	0	120
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	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	15.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	44.00
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
27.1%	50.5%	0.0%	4.5%	17.9%	100.0%		
3,047,728	5,687,204	0	506,740	2,009,201	11,250,873	0	0.0%

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

Chicago Ridge Nursing and Rehab
10602 Southwest Highway
Chicago Ridge, IL. 60415

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
Marvin Mermelstein
6500 N Hamlin
Lincolnwood, IL 60712

Date Questionnaire Completed 4/30/2019

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 - 2018

Residents on 1/1/2017	213
Total Admissions 2017	106
Total Discharges 2017	118
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	62
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	3
Mental Illness	68
Developmental Disability	1
Circulatory System	21
Respiratory System	24
Digestive System	8
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	201

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	231	231	201	231	201	30	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	201	231	201	30	38	231

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3096	22.3%	68852	81.7%	2165	30	2270	0	76413	90.6%	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	3096	22.3%	68852	81.7%	2165	30	2270	0	76413	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	0	0	0	0	0	0	8	1	9
45 to 59	44	20	0	0	0	0	0	0	44	20	64
60 to 64	30	13	0	0	0	0	0	0	30	13	43
65 to 74	40	16	0	0	0	0	0	0	40	16	56
75 to 84	13	10	0	0	0	0	0	0	13	10	23
85+	0	6	0	0	0	0	0	0	0	6	6
TOTALS	135	66	0	0	0	0	0	0	135	66	201

Chicago Ridge Nursing and Rehab
10602 Southwest Highway
Chicago Ridge, IL. 60415

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	184	6	1	6	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	4	184	6	1	6	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	63	0	0	0	63
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	1	0	0	0	1
Total	201	0	0	0	201

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	188	0	0	0	188
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	32.00
LPN's	10.00
Certified Aides	38.00
Other Health Staff	14.00
Non-Health Staff	38.00
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
14.3%	79.5%	2.8%	0.0%	3.4%	100.0%		
1,781,717	9,877,421	353,541	0	416,942	12,429,621	0	0.0%

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

Children's Habilitation Center
121 West 154th Street
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
Scott Curry
708-596-2258

Registered Agent Information
Pamela Markle
121 West 154th Street
Harvey, IL 60426

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	64
Total Admissions 2017	6
Total Discharges 2017	5
Residents on 12/31/2017	65

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	65
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	67	67	66	67	65	2		67
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	67	67	66	67	65	2	0	67

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			23254	95.1%	0	0	0	0	23254	95.1%	95.1%
Intermediate DD			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%	23254	95.1%	0	0	0	0	23254	95.1%	95.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	19	16	0	0	0	0	19	16	35
18 to 44	0	0	15	15	0	0	0	0	15	15	30
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	31	0	0	0	0	34	31	65

Children's Habilitation Center
121 West 154th Street
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	65	0	0	0	0	65
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	65	0	0	0	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	1103
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS 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	40	0	0	40
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	11	0	0	11
Race Unknown	0	12	0	0	12
Total	0	65	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	8	0	0	8
Non-Hispanic	0	57	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	0	65	0	0	65

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	8.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.20
LPN's	16.40
Certified Aides	53.20
Other Health Staff	18.70
Non-Health Staff	37.28
Totals	137.78

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	12,422,412	0	0	0	12,422,412	0	0.0%

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

Christian Buehler Memorial
3415 N. Sheridan
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 3/15/2019

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 - 2018

Residents on 1/1/2017	59
Total Admissions 2017	75
Total Discharges 2017	73
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
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	78	78	67	78	61	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	78	78	67	78	61	17	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	22083	0	22083	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	0	0.0%	0	0.0%	0	0	22083	0	22083	77.6%	77.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
85+	7	52	0	0	0	0	0	0	7	52	59
TOTALS	7	54	0	0	0	0	0	0	7	54	61

Christian Buehler Memorial
3415 N. Sheridan
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	61	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	0	0	0	61	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	263	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	61	0	0	0	61
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	10.00
LPN's	3.00
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	1,699,009	1,699,009	118,716	7.0%

*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 4/19/2019

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	217
Total Discharges 2017	223
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	25
Mental Illness	8
Developmental Disability	0
Circulatory System	19
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	10
Other Medical Conditions	11
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	124	124	119	124	107	17	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	119	124	107	17	124	104

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4053	9.0%	21525	56.7%	0	1242	11289	0	38109	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	4053	9.0%	21525	56.7%	0	1242	11289	0	38109	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	7	29	0	0	0	0	0	0	7	29	36
85+	5	43	0	0	0	0	0	0	5	43	48
TOTALS	24	83	0	0	0	0	0	0	24	83	107

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	8	68	0	3	28	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	8	68	0	3	28	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	104	0	0	0	104
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	0	0	0	0	0
Ethnicity Unknown	107	0	0	0	107
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	6.00
LPN's	17.50
Certified Aides	44.00
Other Health Staff	6.50
Non-Health Staff	29.00
Totals	105.00

NET REVENUE BY PAYOR 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%	34.7%	1.6%	1.6%	29.9%	100.0%		
2,785,812	2,990,467	137,522	137,598	2,575,416	8,626,815	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 W. 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
N/A

Date Questionnaire Completed 3/13/2019

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 - 2018

Residents on 1/1/2017	27
Total Admissions 2017	252
Total Discharges 2017	246
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	33

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	0	0	56	33	23	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	33	23	56	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6176	30.2%	0	0.0%	0	0	4430	0	10606	51.9%	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	6176	30.2%	0	0.0%	0	0	4430	0	10606	51.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	13	20	0	0	0	0	0	0	13	20	33

Church Creek
1200 W. 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	21	0	0	0	12	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	21	0	0	0	12	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	346	282
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	5.60
LPN's	5.80
Certified Aides	12.40
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	25.80

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
83.8%	0.0%	0.0%	0.0%	16.2%	100.0%		
6,916,351	0	0	0	1,341,929	8,258,280	0	0.0%

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

Cisne Rehabilitation and Health Care Center
107 North Watkins St, 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-Bissey

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/18/2019

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 - 2018

Residents on 1/1/2017	32
Total Admissions 2017	22
Total Discharges 2017	24
Residents on 12/31/2017	30

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	30

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	30	5	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	30	5	0	35

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1112	0.0%	7396	57.9%	0	0	2924	0	11432	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	1112	0.0%	7396	57.9%	0	0	2924	0	11432	89.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
85+	7	11	0	0	0	0	0	0	7	11	18
TOTALS	13	17	0	0	0	0	0	0	13	17	30

Cisne Rehabilitation and Health Care Center
107 North Watkins St, 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	3	19	1	0	7	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	3	19	1	0	7	0	30

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
LPN's	3.00
Certified Aides	20.00
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
15.4%	60.0%	0.0%	0.0%	24.6%	100.0%		
243,122	947,683	0	0	387,589	1,578,394	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
Lara Liberman

Contact Person and Telephone
Lara Liberman
847-256-5000

Registered Agent Information

Date Questionnaire Completed 4/14/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	239
Total Discharges 2017	238
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	38
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	80	0	0	0	50	30	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	50	30	80	57

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17	0.1%	25	0.1%	0	0	8	0	50	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	17	0.1%	25	0.1%	0	0	8	0	50	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	11	0	0	0	0	0	0	12	11	23
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	18	32	0	0	0	0	0	0	18	32	50

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	17	25	0	0	8	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	17	25	0	0	8	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	42	0	0	0	42
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	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	17.80
LPN's	8.40
Certified Aides	26.13
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	82.33

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
			0.0%				
1,232	1,616	545		1,096		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 Street
Elgin, IL. 60123

Reference Numbers

Facility ID	6000277	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Yisroel Benjamin Kramer

Contact Person and Telephone
Yisroel Benjamin Kramer
847-743-3310

Registered Agent Information
MS REGISTERED AGENT SERVICES I
191 N WACKER DR STE 1800
Chicago, IL 60606

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	148
Total Discharges 2017	140
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	9
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	80

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	88	87	84	87	80	8	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	87	84	87	80	8	88	61

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3456	10.8%	21814	98.0%	1811	0	1341	0	28422	88.5%	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	3456	10.8%	21814	98.0%	1811	0	1341	0	28422	88.5%	89.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	8	9	0	0	0	0	0	0	8	9	17
75 to 84	14	15	0	0	0	0	0	0	14	15	29
85+	11	12	0	0	0	0	0	0	11	12	23
TOTALS	37	43	0	0	0	0	0	0	37	43	80

Citadel Care Center of Elgin
180 South State Street
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	7	64	4	0	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	7	64	4	0	5	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	3	0	0	0	3
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
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	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	8.53
LPN's	7.54
Certified Aides	24.89
Other Health Staff	3.00
Non-Health Staff	21.69
Totals	67.65

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
8.4%	70.0%	15.5%	0.0%	6.1%	100.0%		
457,527	3,825,728	845,499	0	335,100	5,463,854	0	0.0%

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

Citadel Healthcare
900 W 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 3/22/2019

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 - 2018

Residents on 1/1/2017	86
Total Admissions 2017	262
Total Discharges 2017	271
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	6
Mental Illness	6
Developmental Disability	1
Circulatory System	20
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	77

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	107	96	93	96	77	30	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	93	96	77	30	107	107

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5020	12.9%	22490	57.6%	0	374	3300	0	31184	79.8%	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	5020	12.9%	22490	57.6%	0	374	3300	0	31184	79.8%	89.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	0	0	0	0	0	0	6	3	9
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	4	8	0	0	0	0	0	0	4	8	12
75 to 84	12	14	0	0	0	0	0	0	12	14	26
85+	4	22	0	0	0	0	0	0	4	22	26
TOTALS	28	49	0	0	0	0	0	0	28	49	77

Citadel Healthcare
900 W 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	8	61	0	0	8	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	8	61	0	0	8	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	56	0	0	0	56
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	77	0	0	0	77
Non-Hispanic	0	0	0	0	0
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	9.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	26.00
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
10.4%	65.9%	15.8%	0.0%	7.9%	100.0%		
573,462	3,633,388	874,537	0	436,200	5,517,587	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
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/12/2019

Life Care Facility

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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 - 2018

Residents on 1/1/2017	283
Total Admissions 2017	159
Total Discharges 2017	137
Residents on 12/31/2017	305

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	9
Blood Disorders	37
*Nervous System Non Alzheimer	44
Alzheimer Disease	6
Mental Illness	168
Developmental Disability	0
Circulatory System	9
Respiratory System	17
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	305

Total Residents Diagnosed as Mentally Ill 168

Total Residents Reported as Identified Offenders 93

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

LEVEL OF CARE	LICENSED 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	485	305	485	305	180	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	485	305	485	305	180	74	485

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2638	9.8%	102520	57.9%	272	178	509	0	106117	59.9%	59.9%
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	2638	9.8%	102520	57.9%	272	178	509	0	106117	59.9%	59.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	38	19	0	0	0	0	0	0	38	19	57
45 to 59	88	28	0	0	0	0	0	0	88	28	116
60 to 64	35	14	0	0	0	0	0	0	35	14	49
65 to 74	39	19	0	0	0	0	0	0	39	19	58
75 to 84	13	9	0	0	0	0	0	0	13	9	22
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	215	90	0	0	0	0	0	0	215	90	305

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	6	299	0	0	0	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	6	299	0	0	0	0	305

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	137	0	0	0	137
Hawaiian/Pacific Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	0	0	0	0	0
Total	240	0	0	0	240

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	38	0	0	0	38
Non-Hispanic	40	0	0	0	40
Ethnicity Unknown	0	0	0	0	0
Total	78	0	0	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	32.00
Certified Aides	39.00
Other Health Staff	12.00
Non-Health Staff	113.00
Totals	206.00

NET REVENUE BY PAYOR 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%	90.6%	0.0%	0.9%	0.1%	100.0%		
1,462,052	15,868,049	0	161,819	25,465	17,517,385	0	0.0%

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

Clark Manor
7433 N 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
773-338-8778

Registered Agent Information
Daniel Garden
3450 Oakton Street
Skokie, IL 60067

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	246
Total Admissions 2017	123
Total Discharges 2017	93
Residents on 12/31/2017	276

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	43
Blood Disorders	1
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	124
Respiratory System	45
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	254

Total Residents Diagnosed as Mentally Ill 0

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	267	263	254	263	254	13	267	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	263	254	263	254	13	267	267

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	3.5%	82975	85.1%	1945	202	1351	0	89928	92.3%	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	3455	3.5%	82975	85.1%	1945	202	1351	0	89928	92.3%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	30	22	0	0	0	0	0	0	30	22	52
60 to 64	39	23	0	0	0	0	0	0	39	23	62
65 to 74	47	33	0	0	0	0	0	0	47	33	80
75 to 84	20	24	0	0	0	0	0	0	20	24	44
85+	3	8	0	0	0	0	0	0	3	8	11
TOTALS	142	112	0	0	0	0	0	0	142	112	254

Clark Manor
7433 N 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	231	9	1	4	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	9	231	9	1	4	0	254

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	94	0	0	0	94
Hawaiian/Pacific Isl.	0	0	0	0	0
White	137	0	0	0	137
Race Unknown	0	0	0	0	0
Total	236	0	0	0	236

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	240	0	0	0	240
Ethnicity Unknown	0	0	0	0	0
Total	254	0	0	0	254

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	29.00
Certified Aides	79.00
Other Health Staff	29.00
Non-Health Staff	24.00
Totals	187.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.3%	84.7%	2.3%	0.9%	0.8%	100.0%		
1,866,606	14,011,282	385,621	149,478	129,328	16,542,315	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 W. 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 4/22/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	572
Total Discharges 2017	573
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	4
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	30
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
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	105	105	92	105	89	16	37	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	19	13	0	0	0		
TOTAL BEDS	105	124	105	105	89	16	37	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3933	29.1%	0	0.0%	0	4519	21855	365	30672	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	55	0	55	0.0%	0.8%
TOTALS	3933	29.1%	0	0.0%	0	4519	21910	365	30727	80.2%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	0	6	12	18
85+	22	47	0	0	0	0	0	0	22	47	69
TOTALS	29	60	0	0	0	0	0	0	29	60	89

Clark-Lindsey Village, Inc.
101 W. 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	8	0	0	15	65	1	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	8	0	0	15	65	1	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	415	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	2.00
Registered Nurses	24.43
LPN's	6.59
Certified Aides	52.39
Other Health Staff	33.13
Non-Health Staff	80.60
Totals	200.14

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
16.5%	0.0%	0.0%	22.1%	61.4%	100.0%		
1,891,127	0	0	2,528,014	7,039,208	11,458,349	61,027	0.5%

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

Clearbrook Center
3201 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 DiVittorio
1835 West Central Road
Arlington Heights, IL 60005

Date Questionnaire Completed 4/3/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	2
Total Discharges 2017	4
Residents on 12/31/2017	79

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 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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	85	85	83	85	79	6		85
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	83	85	79	6	0	85

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			29319	94.5%	0	0	365	0	29684	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	29319	94.5%	0	0	365	0	29684	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	9	0	0	6	9	15
45 to 59	0	0	0	0	22	16	0	0	22	16	38
60 to 64	0	0	0	0	7	6	0	0	7	6	13
65 to 74	0	0	0	0	4	5	0	0	4	5	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	39	40	0	0	39	40	79

Clearbrook Center
3201 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		78	0	0	1	0	79
Sheltered Care			0	0	0	0	0
TOTALS	0	78	0	0	1	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	174	174
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1	0	1
White	0	0	72	0	72
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	72	0	72
Ethnicity Unknown	0	0	3	0	3
Total	0	0	79	0	79

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	5.30
LPN's	5.57
Certified Aides	47.45
Other Health Staff	4.00
Non-Health Staff	12.50
Totals	77.07

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%	99.2%	0.0%	0.0%	0.8%	100.0%		
0	4,695,798	0	0	39,335	4,735,133	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 Buettner-Jones

Contact Person and Telephone
Karen Buettner-Jones
847-870-0745

Registered Agent Information
Tony DiVittorio
1835 W. Central Road
Arlington Heights, IL 60005

Date Questionnaire Completed 3/6/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	5	0	0	0	5	5
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	146	146
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	4.00
Other Health Staff	0.00
Non-Health Staff	3.50
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%	0.0%	98.6%	0.0%	1.4%	100.0%		
0	0	686,196	0	10,047	696,243	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 Buettner-Jones

Contact Person and Telephone
Karen Buettner-Jones
847-870-0745

Registered Agent Information
Tony DiVittorio
1835 W Central
Arlington Heights, IL 60005

Date Questionnaire Completed 3/12/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	0	4	0	4
60 to 64	0	0	0	0	2	0	0	0	2	0	2
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	169	169
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.50
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.50
LPN's	0.00
Certified Aides	10.75
Other Health Staff	0.00
Non-Health Staff	3.50
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%	0.0%	97.6%	0.0%	2.4%	100.0%		
0	0	811,238	0	19,690	830,928	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
Jessica Smart
847-355-5379

Registered Agent Information
Tony DiVittorio
1835 W Central Rd
Arlington Heights, IL 60005

Date Questionnaire Completed 2/26/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5557	95.2%	0	0	0	0	5557	95.2%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5557	95.2%	0	0	0	0	5557	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	189	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.60
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	16.10

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%	99.9%	0.0%	0.0%	0.1%	100.0%		
0	923,515	0	0	1,269	924,784	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 x100

Registered Agent Information
Herman Bodewes
1 West Old Capitol Plaza Suite 600 Meyer Building
Springfield, IL 62705

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	32
Total Admissions 2017	36
Total Discharges 2017	39
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	1
Circulatory System	3
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	1
TOTALS	29

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	37	37	37	29	10	33	37
Skilled Under 22	0	0	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	37	37	37	29	10	33	37

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1480	12.3%	6673	49.4%	0	0	2776	0	10929	76.8%	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	1480	12.3%	6673	49.4%	0	0	2776	0	10929	76.8%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	5	7	0	0	0	0	0	0	5	7	12
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	10	19	0	0	0	0	0	0	10	19	29

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	1	17	0	0	11	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	17	0	0	11	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	329	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	0	28
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	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	8.99
LPN's	7.29
Certified Aides	17.23
Other Health Staff	2.19
Non-Health Staff	27.13
Totals	64.83

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
31.7%	47.6%	0.0%	20.8%	0.0%	100.0%		
634,909	954,158	0	416,218	0	2,005,285	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	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 x100

Registered Agent Information
Herman Bodewes
1 West Capitol Plaza Suite 600 Meyer Building
Springfield, IL 62705

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	7
Total Discharges 2017	7
Residents on 12/31/2017	49

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 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	51	51	51	51	49	2		51
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	51	51	49	2	0	51

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			17721	95.2%	0	0	0	0	17721	95.2%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	17721	95.2%	0	0	0	0	17721	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	12	0	0	7	12	19
45 to 59	0	0	0	0	9	6	0	0	9	6	15
60 to 64	0	0	0	0	3	4	0	0	3	4	7
65 to 74	0	0	0	0	2	4	0	0	2	4	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	23	26	0	0	23	26	49

Clinton Manor Living Center
111 East Illinois St.
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	450	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	10	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	39	0	39
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	1.19
LPN's	6.34
Certified Aides	43.14
Other Health Staff	5.00
Non-Health Staff	27.13
Totals	84.80

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	6,694,603	0	0	0	6,694,603	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 3/19/2019

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 - 2018

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		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0		

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	2	0	2
Non-Hispanic	0	0	10	0	10
Ethnicity Unknown	0	0	0	0	0
Total	0	0	12	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.36
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.62
LPN's	0.36
Certified Aides	15.78
Other Health Staff	4.04
Non-Health Staff	0.22
Totals	21.46

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
0.0%		0.0%	0.0%				
	673,474	0	0	100,413		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
Deirdre Manigo

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4880	83.6%	0	0	0	0	4880	83.6%	83.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4880	83.6%	0	0	0	0	4880	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	9	0	9
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%	83.7%	1.5%	0.0%	14.8%	100.0%		
0	532,301	9,408	0	94,202	635,911	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/23/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	59
Total Discharges 2017	66
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	11
Mental Illness	28
Developmental Disability	2
Circulatory System	9
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 32

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	98	98	62	98	62	36	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	62	98	62	36	94	94

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	4.4%	21654	63.1%	0	32	445	0	23636	66.1%	66.1%
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	1505	4.4%	21654	63.1%	0	32	445	0	23636	66.1%	66.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	0	0	0	0	0	0	6	14	20
60 to 64	7	3	0	0	0	0	0	0	7	3	10
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	28	34	0	0	0	0	0	0	28	34	62

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	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
Nursing Care	175	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	44	0	0	0	44
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	5.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	0.00
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
7.8%	88.6%	0.0%	0.9%	2.7%	100.0%		
250,614	2,841,717	0	29,777	86,416	3,208,524	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 R. Lock
217-446-0660

Registered Agent Information
Benjamin Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	357
Total Discharges 2017	346
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	15
Developmental Disability	0
Circulatory System	21
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	71

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	90	90	81	88	71	19	90	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	90	90	81	88	71	19	90	35

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5326	16.2%	10800	84.5%	0	0	9610	0	25736	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	5326	16.2%	10800	84.5%	0	0	9610	0	25736	78.3%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	4	14	0	0	0	0	0	0	4	14	18
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	11	60	0	0	0	0	0	0	11	60	71

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	10	29	0	0	32	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	10	29	0	0	32	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	248	221
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0.01
Director of Nursing	1.00
Registered Nurses	21.88
LPN's	8.16
Certified Aides	41.14
Other Health Staff	19.64
Non-Health Staff	20.62
Totals	113.45

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
40.1%	23.5%	0.0%	0.0%	36.4%	100.0%		
2,839,833	1,665,083	0	0	2,575,060	7,079,976	0	0.0%

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

Community Care Center
4314 S Wabash
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
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	157
Total Admissions 2017	131
Total Discharges 2017	118
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	34
Blood Disorders	49
*Nervous System Non Alzheimer	0
Alzheimer Disease	69
Mental Illness	50
Developmental Disability	2
Circulatory System	72
Respiratory System	88
Digestive System	70
Genitourinary System Disorders	76
Skin Disorders	8
Musculo-skeletal Disorders	77
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	598

Total Residents Diagnosed as Mentally Ill 50

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	0	0	0	0	0	0	56	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	0	0	0	0	0	0	56	204

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	10	5	15
45 to 59	25	16	0	0	0	0	0	0	25	16	41
60 to 64	31	9	0	0	0	0	0	0	31	9	40
65 to 74	29	19	0	0	0	0	0	0	29	19	48
75 to 84	11	10	0	0	0	0	0	0	11	10	21
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	108	62	0	0	0	0	0	0	108	62	170

Community Care Center
4314 S Wabash
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	9	152	8	0	1	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	152	8	0	1	0	170

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	128	0	0	0	128
Hawaiian/Pacific Isl.	2	0	0	0	2
White	31	0	0	0	31
Race Unknown	9	0	0	0	9
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	1.20
Physicians	0.00
Director of Nursing	1.20
Registered Nurses	8.40
LPN's	23.25
Certified Aides	36.40
Other Health Staff	19.00
Non-Health Staff	45.30
Totals	134.75

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
18.7%	80.4%	0.3%	0.2%	0.5%	100.0%		
1,847,757	7,961,908	31,917	17,700	47,450	9,906,732	0	0.0%

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

Community First Medical Center
5645 West Addison St
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
Suzanne Richards

Contact Person and Telephone
Emerita Burgess DON
773-794-8355

Registered Agent Information
Edward J Green
321 N Clark St, Suite 2800
Chicago, IL 60654

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	0
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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	984
Total Discharges 2017	995
Residents on 12/31/2017	33

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	66	66	33	66	33	33	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	66	33	66	33	33	66	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	7	0.0%	465	322	1064	0	1858	7.7%	7.7%
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%	7	0.0%	465	322	1064	0	1858	7.7%	7.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	5	2	7
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	19	29	0	0	0	0	0	0	19	29	48
75 to 84	34	53	0	0	0	0	0	0	34	53	87
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	81	135	0	0	0	0	0	0	81	135	216

Community First Medical Center
5645 West Addison St
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	1	42	8	13	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	0	1	42	8	13	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	926	936
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	15	0	0	0	15
Hawaiian/Pacific Isl.	4	0	0	0	4
White	157	0	0	0	157
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	39	0	0	0	39
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	39	0	0	0	39

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	21.50
LPN's	1.00
Certified Aides	22.00
Other Health Staff	16.00
Non-Health Staff	8.00
Totals	70.60

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
84.5%	0.0%	0.1%	15.4%	0.0%	100.0%		
7,082,320	0	11,662	1,286,958	0	8,380,940	542,877	6.5%

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

Concordia Village Care Center
4101 W. Iles Ave.
Springfield, IL. 62711

Reference Numbers

Facility ID	6016711	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Bree Albers

Contact Person and Telephone
Bree Albers
217-993-7069

Registered Agent Information
Jacque Bogner
4101 W. Iles Ave.
Springfield, IL 62711

Date Questionnaire Completed 4/10/2019

Continuing Care Retirement Community
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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	208
Total Discharges 2017	214
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	8
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	64	64	64	64	52	12	64	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	64	64	64	64	52	12	64	10

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2777	11.9%	465	12.7%	0	51	17154	0	20447	87.5%	87.5%
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	2777	11.9%	465	12.7%	0	51	17154	0	20447	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	6	0	0	0	0	0	0	5	6	11
85+	11	27	0	0	0	0	0	0	11	27	38
TOTALS	17	35	0	0	0	0	0	0	17	35	52

Concordia Village Care Center
4101 W. Iles Ave.
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	7	1	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	7	1	0	0	44	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	331	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	0.20
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	25.00
Totals	72.20

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
24.5%	0.0%	0.0%	9.0%	67.8%	101.2%		
1,787,088	-85,919	0	655,408	4,951,444	7,308,021	21,547	0.3%

*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 3/19/2019

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 - 2018

Residents on 1/1/2017	15
Total Admissions 2017	5
Total Discharges 2017	5
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5151	88.2%	0	0	365	0	5516	94.5%	94.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5151	88.2%	0	0	365	0	5516	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	5	0	0	9	5	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	10	5	0	0	10	5	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.33
Physicians	0.04
Director of Nursing	0.13
Registered Nurses	1.85
LPN's	0.18
Certified Aides	16.71
Other Health Staff	4.55
Non-Health Staff	2.84
Totals	26.63

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
0.0%	87.0%	0.0%	0.0%	13.0%	100.0%		
0	918,323	0	0	136,956	1,055,279	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 3/26/2019

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 - 2018

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 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		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0		

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.08
Director of Nursing	0.00
Registered Nurses	0.62
LPN's	0.36
Certified Aides	11.66
Other Health Staff	4.04
Non-Health Staff	0.22
Totals	17.34

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
0.0%	87.0%	0.0%	0.0%	13.0%	100.0%		
0	679,091	0	0	101,250	780,341	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
Monica Winkleman

Contact Person and Telephone
Monica Winkleman
773-271-5600

Registered Agent Information
Michelle Bush
240 Fencil Lane
Hillside, IL 60162

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	145
Total Discharges 2017	140
Residents on 12/31/2017	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	3
Mental Illness	20
Developmental Disability	3
Circulatory System	24
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	19
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	122

Total Residents Diagnosed as Mentally Ill 40

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	0	0	0	122	86	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	0	0	0	122	86	208	208

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2839	3.7%	38853	51.2%	555	242	927	0	43416	57.2%	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	2839	3.7%	38853	51.2%	555	242	927	0	43416	57.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	9	0	0	0	0	0	0	7	9	16
60 to 64	22	7	0	0	0	0	0	0	22	7	29
65 to 74	24	11	0	0	0	0	0	0	24	11	35
75 to 84	19	12	0	0	0	0	0	0	19	12	31
85+	2	2	0	0	0	0	0	0	2	2	4
TOTALS	79	43	0	0	0	0	0	0	79	43	122

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	11	110	0	0	1	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	11	110	0	0	1	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	74	0	0	0	74
Hawaiian/Pacific Isl.	0	0	0	0	0
White	44	0	0	0	44
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	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	21.00
Certified Aides	34.00
Other Health Staff	26.00
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
19.4%	76.7%	0.0%	2.0%	1.9%	100.0%		
1,781,820	7,046,168	0	182,489	170,434	9,180,911	0	0.0%

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

Cornerstone Rehab & Healthcare Center
5533 N. Galena Rd.
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, Jr.

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	42
Total Admissions 2017	60
Total Discharges 2017	60
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	3
Mental Illness	0
Developmental Disability	1
Circulatory System	6
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	42

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	94	94	45	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	45	94	42	56	94	94

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1931	5.6%	11956	34.8%	0	23	1124	0	15034	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	1931	5.6%	11956	34.8%	0	23	1124	0	15034	42.0%	43.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	13	29	0	0	0	0	0	0	13	29	42

Cornerstone Rehab & Healthcare Center
5533 N. Galena Rd.
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	7	28	2	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	7	28	2	0	5	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	3.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	11.00
Totals	28.00

NET REVENUE BY PAYOR 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%	64.5%	0.0%	1.1%	20.2%	100.0%		
327,831	1,496,909	0	26,575	467,688	2,319,003	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 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	91
Total Discharges 2017	94
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	2
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	4
TOTALS	62

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	75	71	70	71	62	13	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	70	71	62	13	75	75

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3918	14.3%	11914	43.5%	0	746	7961	0	24539	89.6%	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	3918	14.3%	11914	43.5%	0	746	7961	0	24539	89.6%	94.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	9	0	0	0	0	0	0	3	9	12
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	12	50	0	0	0	0	0	0	12	50	62

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	8	30	0	2	22	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	8	30	0	2	22	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	8.00
Certified Aides	25.00
Other Health Staff	16.00
Non-Health Staff	10.00
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
36.6%	33.2%	0.0%	5.1%	25.1%	100.0%		
1,874,882	1,697,516	0	261,183	1,282,159	5,115,740	0	0.0%

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

Counrtyview 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
Lance Tossell

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/18/2019

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 - 2018

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 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	16	16	11	16	9	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	16	16	11	16	9	7	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	3811	0.0%	0	0	0	0	3811	65.3%	65.3%
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%	3811	65.3%	0	0	0	0	3811	65.3%	65.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	0	0	0	0	0	0	2	1	3
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	0	0	0	0	0	0	0	1	0	1
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	6	3	0	0	0	0	0	0	6	3	9

Counrtyview 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	9	0	0	0	0	9
Skilled Under 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	9	0	0	0	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	9	0	0	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	0	9
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	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	401,399	0	0	0	401,399	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
Sarah Simons

Contact Person and Telephone
Sarah Simons
708-514-5449

Registered Agent Information
Annette Skafgaard
18350 Crossing Dr.
Tinley Park, IL 60487

Date Questionnaire Completed 3/7/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	5	0	0	5	5	10
60 to 64	0	0	0	0	2	2	0	0	2	2	4
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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.50
Registered Nurses	
LPN's	0.50
Certified Aides	9.50
Other Health Staff	0.00
Non-Health Staff	1.00
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
0.0%			0.0%				
0	739,510	139,798		20,339		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
Benjamin A. Hart
115 West Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/6/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	125
Total Discharges 2017	126
Residents on 12/31/2017	84

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	8
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	84

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	89	89	89	89	84	5	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	84	5	84	89

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2260	7.4%	10817	33.3%	0	0	17407	0	30484	93.8%	93.8%
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	2260	7.4%	10817	33.3%	0	0	17407	0	30484	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	1	6	7
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	9	48	0	0	0	0	0	0	9	48	57
TOTALS	16	68	0	0	0	0	0	0	16	68	84

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	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
Nursing Care	240	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	14.00
Certified Aides	29.00
Other Health Staff	2.50
Non-Health Staff	29.50
Totals	84.50

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
17.5%	23.6%	0.0%	0.0%	58.9%	100.0%		
1,239,003	1,671,187	0	0	4,170,161	7,080,351	0	0.0%

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

Countryside Nursing and Rehab Center
1635 East 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 4/11/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	162
Total Admissions 2017	124
Total Discharges 2017	124
Residents on 12/31/2017	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	22
Mental Illness	5
Developmental Disability	0
Circulatory System	31
Respiratory System	73
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	162

Total Residents Diagnosed as Mentally Ill 150

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	197	162	197	162	35	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	162	197	162	35	100	197

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3648	10.0%	55994	77.9%	0	249	332	0	60223	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	3648	10.0%	55994	77.9%	0	249	332	0	60223	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	36	11	0	0	0	0	0	0	36	11	47
60 to 64	19	22	0	0	0	0	0	0	19	22	41
65 to 74	27	21	0	0	0	0	0	0	27	21	48
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	90	72	0	0	0	0	0	0	90	72	162

Countryside Nursing and Rehab Center
1635 East 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	153	0	4	0	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	5	153	0	4	0	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	102	0	0	0	102
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
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	153	0	0	0	153
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	10.50
LPN's	11.70
Certified Aides	40.10
Other Health Staff	9.00
Non-Health Staff	36.00
Totals	111.30

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
13.5%	84.8%	0.0%	1.3%	0.4%	100.0%		
1,464,953	9,221,931	0	143,072	44,669	10,874,625	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/14/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	25
Total Discharges 2017	27
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	18
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	52

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	62	62	56	62	52	10	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	52	10	0	62

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	342	0.0%	18109	80.0%	0	0	550	0	19001	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	342	0.0%	18109	80.0%	0	0	550	0	19001	84.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	10	6	0	0	0	0	0	0	10	6	16
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	1	0	0	0	0	0	0	0	1	0	1
TOTALS	23	29	0	0	0	0	0	0	23	29	52

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	32	18	0	1	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	1	32	18	0	1	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	50	0	0	0	50
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	6.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	16.00
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
1.6%	96.8%	0.0%	0.0%	1.6%	100.0%		
36,033	2,241,475	0	598	37,069	2,315,175	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
Kalsang Youtso

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 4/17/2019

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	300
Total Discharges 2017	302
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	12
Non-Medical Conditions	7
TOTALS	81

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	99	88	87	88	81	18	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	81	18	99	50

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4007	11.1%	3526	19.3%	0	1491	20458	0	29482	81.6%	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	4007	11.1%	3526	19.3%	0	1491	20458	0	29482	81.6%	91.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	1	0	0	0	0	0	0	0	1	1
75 to 84	3	12	0	0	0	0	0	0	3	12	15
85+	15	49	0	0	0	0	0	0	15	49	64
TOTALS	19	62	0	0	0	0	0	0	19	62	81

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	7	0	4	61	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	9	7	0	4	61	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	432	339
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
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	14.00
LPN's	2.60
Certified Aides	32.90
Other Health Staff	4.00
Non-Health Staff	30.10
Totals	85.60

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
27.9%	4.4%	0.0%	2.7%	65.0%	100.0%		
2,750,487	429,045	0	262,184	6,399,585	9,841,301	0	0.0%

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

Covenant Health Care Center - Northbrook
2155 Pfingston Rd.
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
Grant D. Erickson
2155 Pfingston Rd.
Northbrook, IL 60062

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	291
Total Discharges 2017	285
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	3
Mental Illness	13
Developmental Disability	0
Circulatory System	7
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	16
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	83

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	102	92	0	92	83	19	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	92	0	92	83	19	102	75

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5474	14.7%	5649	20.6%	0	827	16713	0	28663	77.0%	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	5474	14.7%	5649	20.6%	0	827	16713	0	28663	77.0%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	0	0	0	0	0	0	4	5	9
85+	20	52	0	0	0	0	0	0	20	52	72
TOTALS	24	59	0	0	0	0	0	0	24	59	83

Covenant Health Care Center - Northbrook
2155 Pfingston Rd.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	15	0	2	42	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	24	15	0	2	42	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	538	321
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3	0	0	0	3
Non-Hispanic	80	0	0	0	80
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	16.28
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
		0.0%					
2,879,851	704,952		261,482	4,865,042		52,150	

*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
NA

Date Questionnaire Completed 4/3/2019

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 - 2018

Residents on 1/1/2017	21
Total Admissions 2017	81
Total Discharges 2017	82
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	0
Developmental Disability	0
Circulatory System	7
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	20

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	30	20	18	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	30	20	18	35	35

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1639	12.8%	0	0.0%	0	79	5019	0	6737	48.6%	52.7%
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	1639	12.8%	0	0.0%	0	79	5019	0	6737	48.6%	52.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	6	14	0	0	0	0	0	0	6	14	20

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	4	0	0	16	0	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	4	0	0	16	0	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	6.30
LPN's	0.40
Certified Aides	12.70
Other Health Staff	0.90
Non-Health Staff	2.00
Totals	24.30

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
31.7%	0.0%	0.0%	0.4%	67.8%	100.0%		
440,016	0	0	6,030	940,343	1,386,389	0	0.0%

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

Crestwood Terrace
13301 S. Central
Crestwood, IL. 60445

Reference Numbers

Facility ID	6002273	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Marcita Gooley

Contact Person and Telephone
Marcita Gooley
708-597-5251

Registered Agent Information
Thomas Hein
1S443 Summit Ave Suiet 204
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	121
Total Admissions 2017	75
Total Discharges 2017	75
Residents on 12/31/2017	121

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	121
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	121

Total Residents Diagnosed as Mentally Ill 121

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	126	126	121	126	121	5	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	121	126	121	5	0	126

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	42851	93.2%	0	0	585	0	43436	94.4%	94.4%
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%	42851	93.2%	0	0	585	0	43436	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	17	0	0	0	0	0	0	21	17	38
45 to 59	22	19	0	0	0	0	0	0	22	19	41
60 to 64	11	12	0	0	0	0	0	0	11	12	23
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	3	0	0	0	0	0	0	0	3	0	3
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	65	56	0	0	0	0	0	0	65	56	121

Crestwood Terrace
13301 S. Central
Crestwood, IL. 60445

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	114	0	0	1	6	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	114	0	0	1	6	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	122	122
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	8	0	0	0	8
Total	121	0	0	0	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	113	0	0	0	113
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	3.00
LPN's	12.00
Certified Aides	17.00
Other Health Staff	14.00
Non-Health Staff	30.00
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
0.0%	96.4%	0.0%	0.0%	3.6%	100.0%		
0	4,909,733	0	0	185,419	5,095,152	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
Ronald Benner

Contact Person and Telephone
Ronald Benner
815-338-1700

Registered Agent Information
Sher Law
5750 Old Orchard Road
Skokie, IL 60077

Date Questionnaire Completed 5/14/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	92
Total Admissions 2017	138
Total Discharges 2017	136
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 11

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	115	0	0	0	94	21	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	0	0	0	94	21	115	115

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4880	11.6%	26666	63.5%	0	309	1800	27	33682	80.2%	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	4880	11.6%	26666	63.5%	0	309	1800	27	33682	80.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	3	0	0	0	0	0	0	13	3	16
60 to 64	9	8	0	0	0	0	0	0	9	8	17
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	10	13	0	0	0	0	0	0	10	13	23
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	47	47	0	0	0	0	0	0	47	47	94

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	12	71	0	0	11	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	71	0	0	11	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0	0
Total	88	0	0	0	88

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	5.40
LPN's	10.40
Certified Aides	22.80
Other Health Staff	0.00
Non-Health Staff	27.30
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
25.2%	51.7%	0.0%	5.6%	17.6%	100.0%		
1,850,717	3,798,823	0	408,591	1,291,846	7,349,977	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
Jame K. Standish

Contact Person and Telephone
James K. Standish
815-459-7791

Registered Agent Information

Date Questionnaire Completed 3/14/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	227
Total Discharges 2017	231
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	29
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	11
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	80

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	114	99	93	99	81	33	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	99	93	99	81	33	112	88

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5703	14.0%	18834	58.6%	0	4335	2290	0	31162	74.9%	86.2%
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	5703	14.0%	18834	58.6%	0	4335	2290	0	31162	74.9%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	9	0	0	0	0	0	0	5	9	14
65 to 74	10	11	0	0	0	0	0	0	10	11	21
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	27	54	0	0	0	0	0	0	27	54	81

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	17	49	0	9	6	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	17	49	0	9	6	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	238
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	80	0	0	0	80
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	2	0	0	0	2
Non-Hispanic	79	0	0	0	79
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	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
42.6%	46.5%	0.0%	6.7%	4.2%	100.0%		
3,650,512	3,988,377	0	575,864	358,521	8,573,274	0	0.0%

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

Cumberland Rehab and Health Care Center
300 North Marietta St
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/13/2019

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 - 2018

Residents on 1/1/2017	39
Total Admissions 2017	31
Total Discharges 2017	30
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	40

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	54	54	45	54	40	14	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	45	54	40	14	54	54

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1269	6.4%	6665	33.8%	0	62	6220	0	14216	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	1269	6.4%	6665	33.8%	0	62	6220	0	14216	72.1%	72.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	10	30	0	0	0	0	0	0	10	30	40

Cumberland Rehab and Health Care Center
300 North Marietta St
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	19	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	1	19	0	0	20	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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
11.3%	43.6%	0.0%	0.3%	44.8%	100.0%		
216,257	834,978	0	4,865	857,296	1,913,396	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 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 4/4/2019

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 - 2018

Residents on 1/1/2017	9
Total Admissions 2017	1
Total Discharges 2017	0
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	16	16	10	16	10	6		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	10	16	10	6	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			3599	61.6%	0	0	0	0	3599	61.6%	61.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3599	61.6%	0	0	0	0	3599	61.6%	61.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	3	7	0	0	3	7	10

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	9	0	9
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	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%	85.0%	0.7%	0.0%	14.3%	100.0%		
0	391,545	3,268	0	66,078	460,891	0	0.0%

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

Dammert Geriatric Care
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
618-397-6419

Registered Agent Information
Thomas O'Valle, OMI
National Shrine of Our Lady of the Snows
Belleville, IL 62223

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	40
Total Discharges 2017	46
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

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	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	24	14		
TOTAL BEDS	95	95	95	95	75	20	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	17197	1020	18217	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	9926	0	9926	71.6%	71.6%
TOTALS	0	0.0%	0	0.0%	0	0	27123	1020	28143	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	0	0	0	0	2	1	3	2	5
85+	16	32	0	0	0	0	5	15	21	47	68
TOTALS	18	33	0	0	0	0	8	16	26	49	75

Dammert Geriatric Care
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	47	4	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	0	24
TOTALS	0	0	0	0	71	4	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	228
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	51	0	0	24	75
Race Unknown	0	0	0	0	0
Total	51	0	0	24	75

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	6.10
LPN's	7.40
Certified Aides	28.40
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	45.90

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	5,484,752	5,484,752	1,256,645	22.9%

*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 W Washington Blvd
Chicago, IL 60607

Date Questionnaire Completed 4/8/2019

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	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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	2
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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	86.7%	0	0	0	0	4745	86.7%	86.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	86.7%	0	0	0	0	4745	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	6	0	0	2	6	8
60 to 64	0	0	0	0	0	3	0	0	0	3	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	3	10	0	0	3	10	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	144	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1	0	1
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	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	589,594	0	0	0	589,594	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
Katherine J. Murphy

Contact Person and Telephone
Katherine J. Murphy
217-443-2955

Registered Agent Information

Date Questionnaire Completed 4/2/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	107
Total Discharges 2017	117
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	54
Developmental Disability	0
Circulatory System	8
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 59

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	200	168	0	168	103	97	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	168	0	168	103	97	118	200

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4349	10.1%	34198	46.8%	0	0	1833	0	40380	55.3%	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	4349	10.1%	34198	46.8%	0	0	1833	0	40380	55.3%	65.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	10	0	0	0	0	0	0	14	10	24
60 to 64	4	10	0	0	0	0	0	0	4	10	14
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	5	12	0	0	0	0	0	0	5	12	17
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	45	58	0	0	0	0	0	0	45	58	103

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	95	0	0	3	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	5	95	0	0	3	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	16	0	0	0	16
Hawaiian/Pacific Isl.	0	0	0	0	0
White	83	0	0	0	83
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	10.32
LPN's	6.81
Certified Aides	29.81
Other Health Staff	13.46
Non-Health Staff	31.24
Totals	93.64

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
15.2%	76.7%	3.0%	0.0%	5.1%	100.0%		
1,027,958	5,187,638	202,230	0	348,143	6,765,969	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 Anderson

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5632	96.4%	0	0	0	0	5632	96.4%	96.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5632	96.4%	0	0	0	0	5632	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	5	2	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	7	0	0	8	7	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	73.9%	1.0%	25.1%	0.0%	100.0%		
0	480,806	6,396	163,204	0	650,406	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 4/2/2019

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	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 - 2018

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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	93.3%	0	0	0	0	5110	93.3%	93.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5110	93.3%	0	0	0	0	5110	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	3	4	7
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	135
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	14	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	0	0	0
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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
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	708,494	0	0	0	708,494	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 4/4/2019

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 - 2018

Residents on 1/1/2017	5
Total Admissions 2017	0
Total Discharges 2017	0
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	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 - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	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			1825	83.3%	0	0	0	0	1825	83.3%	83.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	0	0	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	85.5%	1.5%	0.0%	13.1%	100.0%		
0	364,772	6,321	0	55,757	426,850	0	0.0%

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

Decatur Rehabiliation and Healthcare
136 South Dipper Lane
Decatur , IL. 62522

Reference Numbers

Facility ID	6003081	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Liesbeth Bolyard

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 2/26/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	14
Total Discharges 2017	17
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	14
Developmental Disability	11
Circulatory System	6
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	45

Total Residents Diagnosed as Mentally Ill 14

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	58	58	0	58	45	13	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	0	58	45	13	0	58

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	0	0.0%	14313	67.6%	0	0	1502	0	15815	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	0	0.0%	14313	67.6%	0	0	1502	0	15815	74.7%	74.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	4	6	0	0	0	0	0	0	4	6	10
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	20	25	0	0	0	0	0	0	20	25	45

Decatur Rehabiliation and Healthcare
136 South Dipper Lane
Decatur , IL. 62522

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	41	0	0	4	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	0	41	0	0	4	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	33	0	0	0	33
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	2.00
LPN's	6.00
Certified Aides	16.00
Other Health Staff	4.00
Non-Health Staff	6.00
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
0.0%	92.3%	0.0%	0.0%	7.7%	100.0%		
0	1,961,211	0	0	163,522	2,124,733	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 4/19/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	89
Total Discharges 2017	93
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	19
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	73	73	71	73	71	2	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	30	49	30	19		
TOTAL BEDS	122	122	101	122	101	21	6	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1690	77.2%	0	0.0%	0	0	23523	365	25578	96.0%	96.0%
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	10430	0	10430	58.3%	58.3%
TOTALS	1690	77.2%	0	0.0%	0	0	33953	365	36008	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	1	4	5
75 to 84	7	23	0	0	0	0	3	16	10	39	49
85+	10	29	0	0	0	0	1	7	11	36	47
TOTALS	18	53	0	0	0	0	4	26	22	79	101

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	3	0	0	0	67	1	71
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	3	0	0	0	97	1	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	137

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	30	101
Race Unknown	0	0	0	0	0
Total	71	0	0	30	101

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	17.80
LPN's	6.80
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	72.10
Totals	146.70

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
40.8%	0.0%	0.0%	56.3%	2.9%	100.0%		
334,154	0	0	460,734	23,699	818,587	109,950	13.4%

*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	6015630	
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 4/19/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	89
Total Discharges 2017	93
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	26
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	19
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	73	73	71	73	71	2	190	190
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	49	49	30	49	30	19		
TOTAL BEDS	122	122	101	122	101	21	190	190

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1690	2.4%	0	0.0%	0	0	23523	365	25578	96.0%	96.0%
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	10430	0	10430	58.3%	58.3%
TOTALS	1690	2.4%	0	0.0%	0	0	33953	365	36008	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	1	4	5
75 to 84	7	23	0	0	0	0	3	16	10	39	49
85+	10	29	0	0	0	0	1	7	11	36	47
TOTALS	18	53	0	0	0	0	4	26	22	79	101

Dekalb Area Retirement Center
2944 Greenwood Acres Drive
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	0	0	0	67	1	71
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	3	0	0	0	97	1	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	137

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	30	101
Race Unknown	0	0	0	0	0
Total	71	0	0	30	101

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	17.80
LPN's	6.80
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	72.10
Totals	146.70

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
40.8%	0.0%	0.0%	56.3%	2.9%	100.0%		
334,154	0	0	460,734	23,699	818,587	109,950	13.4%

*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 5/13/2019

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 - 2018

Residents on 1/1/2017	11
Total Admissions 2017	8
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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	8	8	0	0	8	8	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.00
LPN's	0.25
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	11.25

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%		0.0%		0.0%			
	483,389	0	62,978	0		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 x269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/10/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	195	195
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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%	8.2%	91.8%	0.0%	0.0%	100.0%		
0	33,887	379,678	0	0	413,565	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

Contact Person and Telephone
Katheryn May
815-284-3393

Registered Agent Information
Daniel Maher Law Offices
412 E. Lawrence Ave.
Springfield, IL 62703

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	144
Total Discharges 2017	145
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	4
Mental Illness	8
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	10
TOTALS	57

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	97	0	87	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	87	0	77	20	97	97

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3914	11.1%	12740	36.0%	616	989	9646	0	27905	78.8%	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	3914	11.1%	12740	36.0%	616	989	9646	0	27905	78.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	7	0	0	0	0	0	0	7	7	14
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	6	24	0	0	0	0	0	0	6	24	30
TOTALS	24	53	0	0	0	0	0	0	24	53	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	15	31	3	3	25	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	15	31	3	3	25	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	0	0	0	1
Non-Hispanic	76	0	0	0	76
Ethnicity Unknown	0	0	0	0	0
Total	77	0	0	0	77

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	39.00
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
35.1%	36.5%	0.2%	5.7%	22.6%	100.0%		
2,122,653	2,207,717	9,358	342,334	1,370,080	6,052,142	0	0.0%

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

Dobson Plaza Nursing & Rehab Center, LLC
120 Dodge Ave
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 Ave
Evanston, IL 60202

Date Questionnaire Completed 3/7/2019

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 - 2018

Residents on 1/1/2017	86
Total Admissions 2017	38
Total Discharges 2017	45
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	7
Developmental Disability	0
Circulatory System	49
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	79	18	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	79	18	97	97

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1977	5.6%	17315	48.9%	0	0	9960	0	29252	82.6%	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	1977	5.6%	17315	48.9%	0	0	9960	0	29252	82.6%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	17	0	0	0	0	0	0	5	17	22
85+	7	46	0	0	0	0	0	0	7	46	53
TOTALS	13	66	0	0	0	0	0	0	13	66	79

Dobson Plaza Nursing & Rehab Center, LLC
120 Dodge Ave
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	6	45	0	0	28	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	6	45	0	0	28	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	75	0	0	0	75
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	3	0	0	0	3
Non-Hispanic	76	0	0	0	76
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	13.00
LPN's	2.00
Certified Aides	27.00
Other Health Staff	3.00
Non-Health Staff	23.00
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
15.1%	41.2%	0.0%	4.0%	39.6%	100.0%		
1,008,046	2,748,851	0	266,377	2,640,826	6,664,100	0	0.0%

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

Doctors Nursing and Rehabilitation Center
1201 Hawthorn 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
618-548-4884

Registered Agent Information
Stephen Miller
1140 Lake Street, Suite 410
Oak Park, IL 60301

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	135
Total Discharges 2017	149
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	1
Circulatory System	16
Respiratory System	18
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	58

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	120	108	80	108	58	62	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	58	62	120	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4850	11.1%	15072	34.4%	0	208	3346	0	23476	53.6%	59.6%
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	4850	11.1%	15072	34.4%	0	208	3346	0	23476	53.6%	59.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	5	0	0	0	0	0	0	4	5	9
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	7	6	0	0	0	0	0	0	7	6	13
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	4	12	0	0	0	0	0	0	4	12	16
TOTALS	21	37	0	0	0	0	0	0	21	37	58

Doctors Nursing and Rehabilitation Center
1201 Hawthorn 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	10	40	0	0	8	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	10	40	0	0	8	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	167	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	6.00
LPN's	6.00
Certified Aides	26.00
Other Health Staff	6.00
Non-Health Staff	26.00
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
40.3%	44.6%	0.2%	5.7%	9.2%	100.0%		
2,331,359	2,578,640	13,000	329,582	532,643	5,785,224	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
Venis Neal

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1185	81.2%	0	0	0	0	1185	81.2%	81.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1185	81.2%	0	0	0	0	1185	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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%			0.0%				
0	300,961	2,107		27,542		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
Levi Graham

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5837	99.9%	0	0	0	0	5837	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5837	99.9%	0	0	0	0	5837	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	82.0%	1.7%	0.0%	16.3%	100.0%		
0	579,353	11,838	0	115,392	706,583	0	0.0%

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

Du Quoin Nursing and 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
Brock McGee

Contact Person and Telephone
Brock McGee
618-542-4731

Registered Agent Information
Scott Stout
215 E. Locust St
Harrisburg, IL 62946

Date Questionnaire Completed 5/6/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	90
Total Discharges 2017	84
Residents on 12/31/2017	59

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	4
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	34
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	1
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	72	72	64	72	59	13	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	72	72	64	72	59	13	74	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3174	11.8%	10608	0.0%	0	0	5947	0	19729	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	3174	11.8%	10608	0.0%	0	0	5947	0	19729	75.1%	75.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	4	13	0	0	0	0	0	0	4	13	17
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	19	40	0	0	0	0	0	0	19	40	59

Du Quoin Nursing and 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	31	0	0	17	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	11	31	0	0	17	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	58	0	0	0	58
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	3.00
LPN's	6.00
Certified Aides	21.00
Other Health Staff	3.00
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
41.6%	35.3%	0.0%	0.4%	22.8%	100.0%		
1,642,224	1,394,281	-898	15,169	900,065	3,950,841	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
Daniel J. Cronin
421 North County Farm Road
Wheaton, IL 60187

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	321
Total Admissions 2017	349
Total Discharges 2017	349
Residents on 12/31/2017	321

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	75
Alzheimer Disease	49
Mental Illness	32
Developmental Disability	1
Circulatory System	64
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	19
Injuries and Poisonings	24
Other Medical Conditions	20
Non-Medical Conditions	0
TOTALS	321

Total Residents Diagnosed as Mentally Ill 276

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	339	333	339	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	339	333	339	321	47	368	368

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7032	5.2%	85520	63.7%	0	1937	23273	0	117762	87.7%	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	7032	5.2%	85520	63.7%	0	1937	23273	0	117762	87.7%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	16	0	0	0	0	0	0	19	16	35
60 to 64	18	13	0	0	0	0	0	0	18	13	31
65 to 74	20	31	0	0	0	0	0	0	20	31	51
75 to 84	30	56	0	0	0	0	0	0	30	56	86
85+	24	89	0	0	0	0	0	0	24	89	113
TOTALS	114	207	0	0	0	0	0	0	114	207	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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	224	0	7	75	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	224	0	7	75	0	321

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	310
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	3	0	0	0	3
Hawaiian/Pacific Isl.	1	0	0	0	1
White	296	0	0	0	296
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	8	0	0	0	8
Non-Hispanic	313	0	0	0	313
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	48.00
LPN's	20.00
Certified Aides	126.00
Other Health Staff	39.00
Non-Health Staff	152.00
Totals	389.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.6%	38.0%	0.0%	1.4%	37.0%	100.0%		
7,541,853	12,118,912	0	440,553	11,817,361	31,918,679	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 4/4/2019

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 - 2018

Residents on 1/1/2017	6
Total Admissions 2017	2
Total Discharges 2017	2
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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1798	82.1%	0	0	0	0	1798	82.1%	82.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1798	82.1%	0	0	0	0	1798	82.1%	82.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	6	0	0	0	6	0	6

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	3	0	3
Race Unknown	0	0	1	0	1
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%	82.7%	1.1%	0.0%	16.2%	100.0%		
0	292,429	3,893	0	57,425	353,747	0	0.0%

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

East Bank Center
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
Nicole Garner

Contact Person and Telephone
Nicole Garner
815-633-6810

Registered Agent Information
Michael Hovde
107 53rd Street
Bloomingdale, IL 60108

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	30
Total Admissions 2017	507
Total Discharges 2017	541
Residents on 12/31/2017	-4

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	5
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	36	36	36	34	20	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	36	36	36	34	20	54	10

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7336	37.2%	2	0.1%	0	4042	301	0	11681	59.3%	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	7336	37.2%	2	0.1%	0	4042	301	0	11681	59.3%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	10	24	0	0	0	0	0	0	10	24	34

East Bank Center
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	0	0	16	1	0	34
Skilled Under 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	16	1	0	34

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	32	0	0	0	32
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	0	0	0	0	0
Ethnicity Unknown	34	0	0	0	34
Total	34	0	0	0	34

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	7.62
LPN's	5.30
Certified Aides	16.19
Other Health Staff	0.00
Non-Health Staff	16.36
Totals	48.47

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
67.0%	0.0%	0.0%	31.1%	2.0%	100.1%		
4,116,373	-6,088	0	1,908,729	122,724	6,141,738	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
217-764-3348

Registered Agent Information
Damon Stotts
9894 Star Lane, PO Box 317
Macon, IL 62544

Date Questionnaire Completed 2/27/2019

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 - 2018

Residents on 1/1/2017	21
Total Admissions 2017	6
Total Discharges 2017	9
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
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	0
Injuries and Poisonings	0
Other Medical Conditions	1
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	48	48	0	48	18	30	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	18	46	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	7360	0	7360	42.0%	42.0%
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	7360	0	7360	31.5%	31.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	3	15	0	0	0	0	0	0	3	15	18

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	18	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	0	0	0	0	18	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	140	140

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Registered Nurses	4.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	4.00
Non-Health Staff	21.00
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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	357,934	357,934	0	0.0%

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

Eastside Health & Rehab Center
1400 East 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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	96
Total Discharges 2017	107
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	1
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 28

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	92	92	65	92	51	41	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	51	41	92	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1368	4.1%	13576	40.4%	0	4	6061	0	21009	62.6%	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	1368	4.1%	13576	40.4%	0	4	6061	0	21009	62.6%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	10	6	0	0	0	0	0	0	10	6	16
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	18	33	0	0	0	0	0	0	18	33	51

Eastside Health & Rehab Center
1400 East 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	4	34	0	1	12	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	34	0	1	12	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	2.00
LPN's	9.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	15.00
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
8.7%	55.3%	0.0%	0.5%	35.4%	100.0%		
274,154	1,736,644	0	16,950	1,113,284	3,141,032	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/26/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	36
Total Discharges 2017	34
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	38
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	51

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	63	63	54	63	51	12	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	63	63	54	63	51	12	123	123

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	746	1.7%	15416	34.3%	0	104	1171	0	17437	75.8%	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	746	1.7%	15416	34.3%	0	104	1171	0	17437	75.8%	75.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	18	33	0	0	0	0	0	0	18	33	51

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	43	0	0	3	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	5	43	0	0	3	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	10.00
Certified Aides	19.00
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
5.0%	84.3%	0.0%	0.7%	10.0%	100.0%		
119,962	2,020,029	0	16,180	240,324	2,396,495	0	0.0%

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

Eden Retirement Center
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
Sara McMahan

Contact Person and Telephone
Heather McCammack
618-288-5014

Registered Agent Information
Sara McMahan

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	377
Total Discharges 2017	361
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	5
Mental Illness	14
Developmental Disability	0
Circulatory System	27
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	6
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	97

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	128	128	97	128	97	31	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	97	128	97	31	128	105

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5269	11.3%	11028	28.8%	0	0	15619	0	31916	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	5269	11.3%	11028	28.8%	0	0	15619	0	31916	68.3%	68.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	9	43	0	0	0	0	0	0	9	43	52
TOTALS	24	73	0	0	0	0	0	0	24	73	97

Eden Retirement Center
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	37	0	0	48	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	12	37	0	0	48	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	91	0	0	0	91
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	97	0	0	0	97
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	9.69
LPN's	12.25
Certified Aides	42.67
Other Health Staff	23.36
Non-Health Staff	34.47
Totals	124.44

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
21.6%	18.0%	0.0%	8.4%	52.0%	100.0%		
1,603,892	1,340,759	0	622,655	3,861,372	7,428,678	45,849	0.6%

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

Edwardsville Care Center
401 St. Mary Drive
Edwardsville , IL. 62025

Reference Numbers

Facility ID	6002729	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Barbara Varwig

Contact Person and Telephone
Barbara Varwig
618-692-1330

Registered Agent Information

Date Questionnaire Completed 3/25/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	108
Total Discharges 2017	106
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	14
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 67

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	116	81	116	81	36	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	117	116	81	116	81	36	32	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1602	13.7%	0	0.0%	0	0	0	0	1602	3.8%	3.8%
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	1602	13.7%	0	0.0%	0	0	0	0	1602	3.8%	3.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	4	7	11
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	10	16	0	0	0	0	0	0	10	16	26
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	27	54	0	0	0	0	0	0	27	54	81

Edwardsville Care Center
401 St. Mary 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	64	0	11	0	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	64	0	11	0	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	78	0	0	0	78
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	1	0	0	0	1
Non-Hispanic	80	0	0	0	80
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	5.00
LPN's	9.00
Certified Aides	32.00
Other Health Staff	
Non-Health Staff	21.00
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
17.1%	60.9%	0.0%	10.0%	12.0%	100.0%		
761,653	2,710,821	0	447,386	534,680	4,454,540	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 4/4/2019

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 - 2018

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	0	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5578	95.5%	0	0	0	0	5578	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5578	95.5%	0	0	0	0	5578	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	9	6	0	0	9	6	15

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	73.7%	0.9%	0.0%	25.4%	100.0%		
0	573,585	6,763	0	198,077	778,425	0	0.0%

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

Effingham Rehabilitation and Health Care
1610 N Lakewood Dr
Effingham, IL. 62401

Reference Numbers

Facility ID	6009559	
Health Service Area	005	
Planning Service Area	049	Effingham
County	049	Effingham County

Administrator
Penny Dowell

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/19/2019

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 - 2018

Residents on 1/1/2017	37
Total Admissions 2017	45
Total Discharges 2017	45
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	7
Developmental Disability	2
Circulatory System	5
Respiratory System	2
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	37

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	62	62	47	62	37	25	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	47	62	37	25	16	62

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1483	25.4%	10811	47.8%	0	11	2740	0	15045	66.5%	66.5%
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	1483	25.4%	10811	47.8%	0	11	2740	0	15045	66.5%	66.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	2	9	0	0	0	0	0	0	2	9	11
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	11	26	0	0	0	0	0	0	11	26	37

Effingham Rehabilitation and Health Care
1610 N Lakewood Dr
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	1	29	0	0	7	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	1	29	0	0	7	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	14.00
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	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
13.3%	63.8%	0.0%	1.1%	21.7%	100.0%		
257,762	1,234,975	0	21,482	420,279	1,934,498	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
Michael Riggins

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5266	90.2%	0	0	0	0	5266	90.2%	90.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5266	90.2%	0	0	0	0	5266	90.2%	90.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	5	9	0	0	5	9	14

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	73.5%	2.1%	0.0%	24.4%	100.0%		
0	458,204	13,221	0	151,827	623,252	0	0.0%

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

El Paso Health Care Center
850 E. 2nd St.
El Paso, IL. 61738

Reference Numbers

Facility ID	6002745	
Health Service Area	002	
Planning Service Area	203	Woodford
County	203	Woodford County

Administrator
Allen J. Hood

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/20/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	33
Total Discharges 2017	33
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	93
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	0
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 95

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	123	123	95	123	95	28	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	95	123	95	28	0	123

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	502	0.0%	31668	70.5%	0	0	695	0	32865	73.2%	73.2%
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	502	0.0%	31668	70.5%	0	0	695	0	32865	73.2%	73.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	0	0	0	0	0	0	11	6	17
45 to 59	30	11	0	0	0	0	0	0	30	11	41
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	11	9	0	0	0	0	0	0	11	9	20
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	59	36	0	0	0	0	0	0	59	36	95

El Paso Health Care Center
850 E. 2nd 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	59	33	0	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	1	59	33	0	2	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	88	0	0	0	88
Race Unknown	1	0	0	0	1
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
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	5.00
LPN's	6.00
Certified Aides	18.00
Other Health Staff	2.00
Non-Health Staff	36.00
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
1.1%	96.4%	0.0%	0.0%	2.5%	100.0%		
47,149	4,323,324	0	0	113,808	4,484,281	0	0.0%

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

El Valor ICF/DD
1931 W 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
Jon P. Emory
312-666-4511

Registered Agent Information
N/A
N/A

Date Questionnaire Completed 5/10/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	11
Total Admissions 2017	0
Total Discharges 2017	1
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	12	0	12	10	2		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	0	12	10	2	0	12

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4015	91.7%	0	0	0	0	4015	91.7%	91.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	91.7%	0	0	0	0	4015	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	5	2	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	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

El Valor ICF/DD
1931 W 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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5	0	5
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	0	0	5	0	5

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 Street
Eldorado, IL. 62946

Reference Numbers

Facility ID	6003248	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
Sara Montgomery

Contact Person and Telephone
Sara Montgomery
618-273-3353

Registered Agent Information

Date Questionnaire Completed 4/1/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	60
Total Discharges 2017	71
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	30
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	65

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	99	99	64	99	64	35	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	64	35	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3659	10.1%	16720	46.3%	0	0	3741	0	24120	66.7%	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	3659	10.1%	16720	46.3%	0	0	3741	0	24120	66.7%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	5	27	0	0	0	0	0	0	5	27	32
TOTALS	14	50	0	0	0	0	0	0	14	50	64

Eldorado Rehab and Healthcare
1001 A Jefferson Street
Eldorado, IL. 62946

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	13	0	0	0	8	43	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	13	0	0	0	8	43	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.20
Physicians	0.20
Director of Nursing	0.20
Registered Nurses	0.30
LPN's	0.30
Certified Aides	0.20
Other Health Staff	0.20
Non-Health Staff	0.20
Totals	1.80

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
40.4%	48.1%	0.0%	0.0%	11.5%	100.0%		
1,753,762	2,086,375	0	0	497,097	4,337,234	0	0.0%

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

Elizabeth Nursing Home
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 N Main
Galena, IL 61036

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	24
Total Admissions 2017	21
Total Discharges 2017	19
Residents on 12/31/2017	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	9
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	26

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	0	0	36	26	10	0	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	36	0	0	36	26	10	0	36

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2080	15.8%	0	0	6985	0	9065	69.0%	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%	2080	15.8%	0	0	6985	0	9065	69.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	5	21	0	0	0	0	0	0	5	21	26

Elizabeth Nursing Home
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	6	0	0	20	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	0	6	0	0	20	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	26
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	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	5.00
Non-Health Staff	12.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	13.9%	0.0%	0.0%	86.1%	100.0%		
0	339,455	0	0	2,100,671	2,440,126	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
1701 E. Lake Ave. Ste 200
Glenview, IL 60025

Date Questionnaire Completed 2/27/2019

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	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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	262
Total Discharges 2017	259
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	66

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	108	82	75	82	66	42	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	82	75	82	66	42	108	108

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	6.2%	4045	10.3%	0	1151	16290	0	23938	60.7%	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	2452	6.2%	4045	10.3%	0	1151	16290	0	23938	60.7%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	7	13	0	0	0	0	0	0	7	13	20
85+	8	28	0	0	0	0	0	0	8	28	36
TOTALS	19	47	0	0	0	0	0	0	19	47	66

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	11	0	5	42	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	11	0	5	42	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
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	4	0	0	0	4
Non-Hispanic	62	0	0	0	62
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	10.21
LPN's	6.40
Certified Aides	30.88
Other Health Staff	8.24
Non-Health Staff	28.07
Totals	85.80

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
18.0%	9.3%	0.0%	7.3%	65.3%	100.0%		
1,168,015	604,445	0	475,764	4,237,170	6,485,394	0	0.0%

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

Elmwood Nursing & Rehab
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 Dixon-Rudd

Contact Person and Telephone
Sherri Rudd
618-344-7750

Registered Agent Information
Lawrence Y Schwartz
2202 Main St. Ste 180
Evanston, IL 60202

Date Questionnaire Completed 4/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	61
Total Discharges 2017	61
Residents on 12/31/2017	73

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	1
Circulatory System	0
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	66

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	104	104	75	104	66	38	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	75	104	66	38	13	104

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5242	110.5%	11958	31.5%	0	530	8002	0	25732	67.8%	67.8%
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	5242	110.5%	11958	31.5%	0	530	8002	0	25732	67.8%	67.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	1	0	0	0	0	0	0	8	1	9
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	32	34	0	0	0	0	0	0	32	34	66

Elmwood Nursing & Rehab
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	6	50	0	0	10	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	6	50	0	0	10	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	56	0	0	0	56
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	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	32.00
Other Health Staff	8.00
Non-Health Staff	24.00
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
20.4%	46.5%	0.0%	2.1%	31.1%	100.0%		
887,967	2,025,597	0	89,824	1,355,490	4,358,878	0	0.0%

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

Elmwood Terrace
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 4/18/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	82
Total Discharges 2017	86
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	7
Respiratory System	18
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	58

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	68	68	58	68	58	10	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	58	68	58	10	68	68

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1446	5.8%	1049	4.2%	2495	49	162	0	5201	21.0%	21.0%
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	1446	5.8%	1049	4.2%	2495	49	162	0	5201	21.0%	21.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	7	3	10
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	3	7	0	0	0	0	0	0	3	7	10
TOTALS	24	34	0	0	0	0	0	0	24	34	58

Elmwood Terrace
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	12	38	0	1	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	7	12	38	0	1	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	37	0	0	0	37
Race Unknown	5	0	0	0	5
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	48	0	0	0	48
Ethnicity Unknown	5	0	0	0	5
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.75
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	9.00
Certified Aides	25.50
Other Health Staff	2.00
Non-Health Staff	26.00
Totals	73.75

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
26.0%	72.0%	0.0%	0.0%	2.0%	100.0%		
1,107,989	3,070,750	0	0	87,275	4,266,014	0	0.0%

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

Emerald Estates
1577 E Myrtle St
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 61521

Date Questionnaire Completed 2/25/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5678	97.2%	0	0	0	0	5678	97.2%	97.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5678	97.2%	0	0	0	0	5678	97.2%	97.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	8	0	0	8	8	16

Emerald Estates
1577 E Myrtle St
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	115
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	622,476	0	0	0	622,476	0	0.0%

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

Enfield Rehabilitation and Healthcare Center
408 N Wilson St.
Enfield, IL. 62835

Reference Numbers

Facility ID	6005425	
Health Service Area	005	
Planning Service Area	193	White
County	193	White County

Administrator
Amanda Cook

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/26/2019

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 - 2018

Residents on 1/1/2017	21
Total Admissions 2017	21
Total Discharges 2017	20
Residents on 12/31/2017	22

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	1
Circulatory System	0
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	22

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	47	47	28	47	22	25	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	28	47	22	25	23	47

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	418	5.0%	6655	38.8%	0	0	991	0	8064	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	418	5.0%	6655	38.8%	0	0	991	0	8064	47.0%	47.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	4	1	0	0	0	0	0	0	4	1	5
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	11	11	0	0	0	0	0	0	11	11	22

Enfield Rehabilitation and Healthcare Center
408 N Wilson St.
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	3	13	3	0	3	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	3	13	3	0	3	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	21	0	0	0	21
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	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	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	7.00
Totals	29.00

NET REVENUE BY PAYOR 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%	74.8%	0.0%	0.0%	18.8%	100.0%		
70,103	816,364	0	0	205,465	1,091,932	0	0.0%

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

Eunice Smith Home
1251 College Avenue
Alton, IL. 62002

Reference Numbers

Facility ID	6002877	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Jennifer Pop

Contact Person and Telephone
Daniel Vogel
618-463-7331

Registered Agent Information

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	50
Total Admissions 2017	505
Total Discharges 2017	509
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

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	64	0	0	64	45	19	62	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	45	19	62	6

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5994	26.5%	1763	80.5%	0	3927	6905	0	18589	79.6%	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	5994	26.5%	1763	80.5%	0	3927	6905	0	18589	79.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	12	0	0	0	0	0	0	3	12	15
65 to 74	39	42	0	0	0	0	0	0	39	42	81
75 to 84	56	88	0	0	0	0	0	0	56	88	144
85+	50	110	0	0	0	0	0	0	50	110	160
TOTALS	151	254	0	0	0	0	0	0	151	254	405

Eunice Smith Home
1251 College Avenue
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	213	5	0	119	16	0	353
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	213	5	0	119	16	0	353

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	203
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	370	0	0	0	370
Race Unknown	4	0	0	0	4
Total	393	0	0	0	393

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	389	0	0	0	389
Ethnicity Unknown	4	0	0	0	4
Total	393	0	0	0	393

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.45
LPN's	6.55
Certified Aides	26.01
Other Health Staff	1.79
Non-Health Staff	14.72
Totals	57.52

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
38.6%	4.8%	0.0%	25.5%	31.0%	100.0%		
2,383,373	298,370	0	1,573,513	1,915,659	6,170,915	0	0.0%

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

Evenglow Lodge
215 E Washington
Pontiac, IL. 61674

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 4/19/2019

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 - 2018

Residents on 1/1/2017	130
Total Admissions 2017	213
Total Discharges 2017	228
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	4
Mental Illness	14
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	9
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	68	61	68	51	22	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	71	75	64	77		
TOTAL BEDS	214	143	132	143	115	99	73	26

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3345	12.6%	4254	44.8%	0	81	13372	35	21087	79.1%	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	21861	431	22292	43.3%	81.4%
TOTALS	3345	12.6%	4254	44.8%	0	81	35233	466	43379	55.5%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
65 to 74	0	0	0	0	0	0	1	0	1	0	1
75 to 84	4	10	0	0	0	0	6	10	10	20	30
85+	9	24	0	0	0	0	9	38	18	62	80
TOTALS	13	38	0	0	0	0	16	48	29	86	115

Evenglow Lodge
215 E Washington
Pontiac, IL. 61674

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	10	10	0	31	0	0	51
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	64	0	0	64
TOTALS	10	10	0	95	0	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	253	218
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	82	82

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	51	0	0	64	115
Race Unknown	0	0	0	0	0
Total	51	0	0	64	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	6.70
LPN's	10.50
Certified Aides	34.75
Other Health Staff	4.90
Non-Health Staff	45.20
Totals	104.05

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
15.2%	8.6%	0.0%	4.0%	72.2%	100.0%		
1,133,795	641,403	0	301,720	5,397,669	7,474,587	49,457	0.7%

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

Evergreen Living and Rehab Center
10124 South Kedzie Avenue
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
Susan Ahlgren RN/MSN/LNHA

Contact Person and Telephone
Susan Ahlgren RN/MSN/LNHA
708-907-7200

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	161
Total Admissions 2017	1,186
Total Discharges 2017	1,191
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	10
Blood Disorders	5
*Nervous System Non Alzheimer	6
Alzheimer Disease	29
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	17
Digestive System	9
Genitourinary System Disorders	7
Skin Disorders	16
Musculo-skeletal Disorders	31
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
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	242	156	242	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	242	156	242	156	86	242	242

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14958	16.9%	22858	25.9%	0	9885	4069	0	51770	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	14958	16.9%	22858	25.9%	0	9885	4069	0	51770	58.6%	58.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	0	0	0	0	0	0	10	8	18
60 to 64	9	1	0	0	0	0	0	0	9	1	10
65 to 74	19	17	0	0	0	0	0	0	19	17	36
75 to 84	14	25	0	0	0	0	0	0	14	25	39
85+	11	40	0	0	0	0	0	0	11	40	51
TOTALS	65	91	0	0	0	0	0	0	65	91	156

Evergreen Living and Rehab Center
10124 South Kedzie Avenue
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	40	83	0	23	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	40	83	0	23	10	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	218
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	24	0	0	0	24
American Indian	0	0	0	0	0
Black	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
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	24	0	0	0	24
Non-Hispanic	132	0	0	0	132
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	1.00
Registered Nurses	18.00
LPN's	20.00
Certified Aides	44.00
Other Health Staff	29.00
Non-Health Staff	38.00
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
46.5%	21.6%	0.0%	27.4%	4.5%	100.0%		
8,655,445	4,023,980	0	5,110,158	833,654	18,623,237	0	0.0%

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

Exceptional Care and Training Center
2601 Woodlawn Road
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
825-625-5306

Registered Agent Information
C T Corporation System
208 S LaSalle St, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 3/5/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	8
Total Discharges 2017	6
Residents on 12/31/2017	82

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	82
Circulatory System	0
Respiratory System	0
Digestive System	0
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 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	82	3		79
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	85	85	84	85	82	3	0	79

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			29018	######	982	0	0	0	30000	96.7%	96.7%
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%	29018	######	982	0	0	0	30000	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	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	18	13	0	0	0	0	18	13	31
60 to 64	0	0	1	5	0	0	0	0	1	5	6
65 to 74	0	0	7	5	0	0	0	0	7	5	12
75 to 84	0	0	3	1	0	0	0	0	3	1	4
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	46	36	0	0	0	0	46	36	82

Exceptional Care and Training Center
2601 Woodlawn Road
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	82	0	0	0	0	82
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	82	0	0	0	0	82

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	13	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	69	0	0	69
Race Unknown	0	0	0	0	0
Total	0	82	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	78	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	0	82	0	0	82

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.10
LPN's	8.70
Certified Aides	64.30
Other Health Staff	11.50
Non-Health Staff	15.30
Totals	105.90

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%	75.1%	24.1%	0.0%	0.8%	100.0%		
0	5,321,515	1,711,877	0	57,165	7,090,557	0	0.0%

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

Fair Havens Christian Village
1790 South Fairview Ave.
Decatur , IL. 62521

Reference Numbers

Facility ID	6002950	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Emily Masulis

Contact Person and Telephone
Emily Masulis
217-426-2626

Registered Agent Information

Date Questionnaire Completed 4/24/2019

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 - 2018

Residents on 1/1/2017	131
Total Admissions 2017	309
Total Discharges 2017	324
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	9
Mental Illness	25
Developmental Disability	0
Circulatory System	28
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	11
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	154	136	116	136	116	38	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	136	116	136	116	38	154	154

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7956	14.2%	27537	49.0%	0	1199	9018	0	45710	81.3%	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	7956	14.2%	27537	49.0%	0	1199	9018	0	45710	81.3%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	1	0	0	0	0	0	0	4	1	5
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	23	8	0	0	0	0	0	0	23	8	31
85+	21	39	0	0	0	0	0	0	21	39	60
TOTALS	56	60	0	0	0	0	0	0	56	60	116

Fair Havens Christian Village
1790 South 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	84	0	1	18	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	13	84	0	1	18	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	193
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	107	0	0	0	107
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	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	13.00
Certified Aides	44.00
Other Health Staff	1.00
Non-Health Staff	23.00
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
9.5%	55.8%	0.0%	9.2%	25.5%	100.0%		
757,300	4,467,718	0	738,496	2,039,073	8,002,587	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
815-403-1616

Registered Agent Information
Nicole Lopez
471 W. Terra Cotta Ave.
Crystal Lake, IL 60014

Date Questionnaire Completed 5/24/2019

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 - 2018

Residents on 1/1/2017	42
Total Admissions 2017	556
Total Discharges 2017	557
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	3
Other Medical Conditions	10
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	51	51	51	51	41	10	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	41	10	45	8

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8519	51.9%	1575	53.9%	0	502	5852	0	16448	88.4%	88.4%
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	8519	51.9%	1575	53.9%	0	502	5852	0	16448	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	4	8	0	0	0	0	0	0	4	8	12
85+	8	9	0	0	0	0	0	0	8	9	17
TOTALS	17	24	0	0	0	0	0	0	17	24	41

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	21	4	0	3	13	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	21	4	0	3	13	0	41

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	11.38
LPN's	5.25
Certified Aides	25.88
Other Health Staff	13.00
Non-Health Staff	32.38
Totals	89.89

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
51.1%	9.3%	0.0%	3.0%	36.6%	100.0%		
2,329,716	424,310	0	136,947	1,672,319	4,563,292	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 4/24/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	134
Total Discharges 2017	131
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	26
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	3
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	78	0	78	75	0	78	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	0	78	75	0	78	78	78

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4106	14.4%	3816	13.4%	0	985	2817	0	11724	41.2%	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	4106	14.4%	3816	13.4%	0	985	2817	0	11724	41.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	13	0	0	0	0	0	0	4	13	17
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	15	56	0	0	0	0	0	0	15	56	71

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	11	31	0	6	23	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	11	31	0	6	23	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	68	0	0	0	68
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	7.80
LPN's	6.10
Certified Aides	19.77
Other Health Staff	0.00
Non-Health Staff	12.40
Totals	48.07

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
43.2%	38.8%	0.2%	6.3%	11.5%	100.0%		
2,586,886	2,325,729	9,100	375,727	689,622	5,987,064	0	0.0%

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

Fairfield Memorial Hospital
NW 11th Street

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 3/26/2019

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 - 2018

Residents on 1/1/2017	18
Total Admissions 2017	93
Total Discharges 2017	91
Residents on 12/31/2017	20

RESIDENTS BY PRIMARY DIAGNOSIS

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

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	30	25	25	25	20	10	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	20	10	30	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2126	19.4%	0	0.0%	0	594	5493	0	8213	75.0%	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	2126	19.4%	0	0.0%	0	594	5493	0	8213	75.0%	90.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	5	15	0	0	0	0	0	0	5	15	20

Fairfield Memorial Hospital
NW 11th Street

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	5	0	0	0	15	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	0	0	0	15	0	20

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	182	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	0.00
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	0.00
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
89.0%	0.0%	0.0%	1.1%	9.9%	100.0%		
3,206,954	0	0	39,799	355,072	3,601,825	1,045,723	29.0%

*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
CAROL HINES
815-877-1441 x1305

Registered Agent Information
THOMAS T. BLEED
3470 N. ALPINE RD
Rockford, IL 61114

Date Questionnaire Completed 4/6/2019

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 - 2018

Residents on 1/1/2017	133
Total Admissions 2017	59
Total Discharges 2017	57
Residents on 12/31/2017	135

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	12
Mental Illness	31
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	135

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	96	95	89	95	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	52	90	50	40		
TOTAL BEDS	186	185	141	185	135	51	0	96

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	11858	33.8%	0	0	19811	0	31669	90.4%	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	16382	1460	17842	54.3%	54.3%
TOTALS	0	0.0%	11858	33.8%	0	0	36193	1460	49511	72.9%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	11	0	0	0	0	0	8	9	19	28
85+	17	46	0	0	0	0	9	32	26	78	104
TOTALS	27	58	0	0	0	0	10	40	37	98	135

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	31	0	0	54	0	85
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	46	4	50
TOTALS	0	31	0	0	100	4	135

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	240
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	130	189

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	50	134
Race Unknown	0	0	0	0	0
Total	85	0	0	50	135

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	85	0	0	50	135
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	50	135

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	8.70
LPN's	10.80
Certified Aides	35.90
Other Health Staff	4.40
Non-Health Staff	58.90
Totals	120.90

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%	9.9%	0.0%	0.0%	90.1%	100.0%		
0	1,186,379	0	0	10,756,116	11,942,495	578,569	4.8%

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

Fairmont Care
5061 N. Pulaski Road
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
Sandra Bernett

Contact Person and Telephone
Sandra Bernett
773-604-8112

Registered Agent Information
Christopher Vicere
5061 N. Pulaski
Chicago, IL 60630

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	370
Total Discharges 2017	354
Residents on 12/31/2017	160

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	12
Blood Disorders	5
*Nervous System Non Alzheimer	8
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	68
Respiratory System	14
Digestive System	4
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	12
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	160

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	186	186	170	186	160	26	186	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	170	186	160	26	186	157

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8570	12.6%	40735	71.1%	0	2139	5128	0	56572	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	8570	12.6%	40735	71.1%	0	2139	5128	0	56572	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	12	21	0	0	0	0	0	0	12	21	33
75 to 84	19	24	0	0	0	0	0	0	19	24	43
85+	13	57	0	0	0	0	0	0	13	57	70
TOTALS	53	107	0	0	0	0	0	0	53	107	160

Fairmont Care
5061 N. Pulaski Road
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	22	114	0	13	11	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	22	114	0	13	11	0	160

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	240
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	51	0	0	0	51
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
Race Unknown	17	0	0	0	17
Total	160	0	0	0	160

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	144	0	0	0	144
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	18.00
Certified Aides	64.00
Other Health Staff	2.00
Non-Health Staff	49.00
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
34.8%	48.0%	0.0%	7.4%	9.8%	100.0%		
5,529,000	7,641,000	0	1,176,000	1,562,000	15,908,000	0	0.0%

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

Fairview Haven
605 N 4th Street
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 4th Street
Fairbury, IL 61739

Date Questionnaire Completed 5/10/2019

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	75
Total Discharges 2017	86
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	19
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	62	51	47	16	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	62	51	47	16	15	57

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1415	25.8%	2130	10.2%	0	0	16616	0	20161	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	1415	25.8%	2130	10.2%	0	0	16616	0	20161	87.7%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	13	34	0	0	0	0	0	0	13	34	47

Fairview Haven
605 N 4th Street
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	6	0	0	37	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	4	6	0	0	37	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	228
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	46	0	0	0	46
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	7.76
LPN's	7.50
Certified Aides	30.97
Other Health Staff	4.37
Non-Health Staff	34.20
Totals	86.80

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
17.0%	6.8%	0.0%	0.0%	76.2%	100.0%		
936,672	375,776	0	0	4,199,562	5,512,010	0	0.0%

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

Fairview Nursing Center
602 East 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
Brenda Cullum

Contact Person and Telephone
Brenda Cullum
618-542-3441

Registered Agent Information
Cindy Tefteller
233 East Center Drive
Alton, IL 62002

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	47
Total Discharges 2017	53
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
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	76	59	50	59	42	34	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	59	50	59	42	34	0	76

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1560	0.0%	9479	34.2%	0	139	5587	0	16765	60.4%	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	1560	0.0%	9479	34.2%	0	139	5587	0	16765	60.4%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	12	30	0	0	0	0	0	0	12	30	42

Fairview Nursing Center
602 East 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	24	0	0	13	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	24	0	0	13	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	163	143
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3.00
Certified Aides	11.00
Other Health Staff	0.00
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
26.0%	39.2%	0.0%	1.0%	33.8%	100.0%		
626,733	944,321	0	24,465	814,680	2,410,199	0	0.0%

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

Faith Countryside Homes
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
1320 Broadway
Highland, IL 62249

Date Questionnaire Completed 5/3/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	81
Total Discharges 2017	85
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	3
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	8
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	56

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	76	76	63	76	56	20	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	63	76	56	20	14	76

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1812	35.5%	3020	10.9%	0	0	15430	365	20627	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	1812	35.5%	3020	10.9%	0	0	15430	365	20627	74.4%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	4	9	13
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	13	43	0	0	0	0	0	0	13	43	56

Faith Countryside Homes
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	8	0	0	45	1	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	2	8	0	0	45	1	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.50
LPN's	13.50
Certified Aides	29.50
Other Health Staff	6.50
Non-Health Staff	38.40
Totals	95.40

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
18.3%	16.0%	0.0%	0.0%	65.8%	100.0%		
681,478	596,571	0	0	2,454,837	3,732,886	67,160	1.8%

*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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/23/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	43
Total Discharges 2017	45
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	5
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	3
Injuries and Poisonings	1
Other Medical Conditions	0
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	56	56	53	56	46	10	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	46	10	0	51

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	781	0.0%	10888	58.5%	0	0	6421	0	18090	88.5%	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	781	0.0%	10888	58.5%	0	0	6421	0	18090	88.5%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	1	24	0	0	0	0	0	0	1	24	25
TOTALS	11	35	0	0	0	0	0	0	11	35	46

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	3	29	0	0	14	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	3	29	0	0	14	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
LPN's	5.00
Certified Aides	16.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
5.0%	60.1%	0.0%	0.7%	34.2%	100.0%		
139,923	1,695,434	0	19,504	965,625	2,820,486	0	0.0%

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

Farmington Country Manor
701 S. Main Street
Farmington, IL. 61531

Reference Numbers

Facility ID	6003115	
Health Service Area	002	
Planning Service Area	057	Fulton
County	057	Fulton County

Administrator
Jennifer Baker

Contact Person and Telephone
Jennifer L. Baker
309-245-2407

Registered Agent Information

Date Questionnaire Completed 5/3/2019

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	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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	156
Total Discharges 2017	152
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	35
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
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	92	92	80	92	73	19	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	80	92	73	19	92	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3092	9.2%	9400	28.0%	3078	1172	10615	0	27357	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	3092	9.2%	9400	28.0%	3078	1172	10615	0	27357	81.5%	81.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	5	0	0	0	0	0	0	8	5	13
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	15	26	0	0	0	0	0	0	15	26	41
TOTALS	35	38	0	0	0	0	0	0	35	38	73

Farmington Country Manor
701 S. Main Street
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	8	26	9	2	28	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	8	26	9	2	28	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6.00
LPN's	8.00
Certified Aides	32.00
Other Health Staff	6.00
Non-Health Staff	20.00
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
24.4%	16.8%	11.2%	9.6%	38.1%	100.0%		
1,447,223	994,186	661,315	567,118	2,256,650	5,926,492	0	0.0%

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

Fayette County Hospital and long Term Care
650 W. Taylor St.
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 4/16/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	47
Total Discharges 2017	51
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	4
Mental Illness	12
Developmental Disability	0
Circulatory System	14
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	44

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	85	85	56	85	44	41	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	56	85	44	41	85	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	1.8%	8847	40.4%	0	0	8764	0	18179	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	568	1.8%	8847	40.4%	0	0	8764	0	18179	58.6%	58.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	3	11	14
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	8	36	0	0	0	0	0	0	8	36	44

Fayette County Hospital and long Term Care
650 W. Taylor St.
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	2	24	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	2	24	0	0	18	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	0.04
Director of Nursing	1.00
Registered Nurses	5.30
LPN's	7.10
Certified Aides	19.68
Other Health Staff	1.50
Non-Health Staff	8.00
Totals	43.62

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
5.2%	18.9%	0.0%	0.0%	75.8%	100.0%		
40,892	147,629	0	0	590,959	779,480	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 3/4/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	87
Total Admissions 2017	403
Total Discharges 2017	410
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	16
Respiratory System	12
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	6
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
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	98	98	88	98	80	18	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	88	98	80	18	51	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6273	33.7%	17044	47.6%	229	477	5085	0	29108	81.4%	81.4%
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	6273	33.7%	17044	47.6%	229	477	5085	0	29108	81.4%	81.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	11	0	0	0	0	0	0	4	11	15
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	13	21	0	0	0	0	0	0	13	21	34
TOTALS	28	52	0	0	0	0	0	0	28	52	80

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	13	40	9	2	16	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	13	40	9	2	16	0	80

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	76	0	0	0	76
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	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	7.00
LPN's	13.00
Certified Aides	31.00
Other Health Staff	24.00
Non-Health Staff	3.00
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
51.4%	33.5%	0.5%	0.0%	14.6%	100.0%		
3,145,569	2,048,133	28,377	2,635	894,227	6,118,941	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 x223

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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 W Green

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/4/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	54
Total Discharges 2017	60
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	7
Alzheimer Disease	6
Mental Illness	11
Developmental Disability	0
Circulatory System	8
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	43

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	43	43	39	43	36	7	43	43
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	32	11	11	18	7	25		
TOTAL BEDS	75	54	50	61	43	32	43	43

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1839	11.7%	8301	52.9%	0	32	2674	0	12846	81.8%	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	2797	0	2797	23.9%	69.7%
TOTALS	1839	11.7%	8301	52.9%	0	32	5471	0	15643	57.1%	79.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	1	2	3
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	1	3	0	0	0	0	1	0	2	3	5
75 to 84	4	5	0	0	0	0	1	0	5	5	10
85+	6	14	0	0	0	0	1	2	7	16	23
TOTALS	13	23	0	0	0	0	4	3	17	26	43

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	22	0	0	7	0	36
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	7	22	0	0	14	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	63	63

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	7	43
Race Unknown	0	0	0	0	0
Total	36	0	0	7	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	36	0	0	7	43
Ethnicity Unknown	0	0	0	0	0
Total	36	0	0	7	43

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	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
18.1%	56.6%	0.0%	0.4%	25.0%	100.0%		
408,916	1,280,721	0	9,658	565,409	2,264,704	0	0.0%

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

Flora Gardens Care Center
701 Shadwell
Flora, IL. 62839

Reference Numbers

Facility ID	6003172	
Health Service Area	005	
Planning Service Area	025	Clay
County	025	Clay County

Administrator
Deborah Wente

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	68
Total Discharges 2017	67
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	24
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	0
Non-Medical Conditions	0
TOTALS	45

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	45	97	45	52	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	45	97	45	52	56	110

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1709	8.4%	11951	29.8%	0	0	2876	0	16536	46.7%	46.7%
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	1709	8.4%	11951	29.8%	0	0	2876	0	16536	46.7%	46.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	3	0	0	0	0	0	0	0	3	0	3
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	10	35	0	0	0	0	0	0	10	35	45

Flora Gardens Care Center
701 Shadwell
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	32	0	0	10	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	3	32	0	0	10	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8.00
LPN's	2.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	18.00
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
12.0%	66.9%	0.0%	1.4%	19.7%	100.0%		
269,059	1,504,245	0	32,126	443,485	2,248,915	0	0.0%

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

Flora Rehabilitatio & Health 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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/28/2019

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 - 2018

Residents on 1/1/2017	47
Total Admissions 2017	82
Total Discharges 2017	83
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

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	99	99	46	99	46	53	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	46	99	46	53	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2764	7.6%	11496	31.8%	3	59	1540	0	15862	43.9%	43.9%
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	2764	7.6%	11496	31.8%	3	59	1540	0	15862	43.9%	43.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	0	0	0	0	0	0	0	4	0	4
75 to 84	4	7	0	0	0	0	0	0	4	7	11
85+	5	16	0	0	0	0	0	0	5	16	21
TOTALS	17	29	0	0	0	0	0	0	17	29	46

Flora Rehabilitatio & Health 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	31	3	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	8	31	3	0	4	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	9.00
LPN's	2.00
Certified Aides	20.00
Other Health Staff	6.00
Non-Health Staff	17.00
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
22.8%	69.9%	0.0%	0.0%	7.2%	100.0%		
511,206	1,565,269	0	318	161,791	2,238,584	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
Venis Neal

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	0	0	0	0	0
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	85.1%	0.0%	0.0%	14.8%	100.0%		
0	274,465	124	0	47,883	322,472	0	0.0%

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

Fondulac Rehabilitation & Health Care
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
Debbie Snow

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	51
Total Discharges 2017	48
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	6
*Nervous System Non Alzheimer	0
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	2
Circulatory System	9
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

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	98	98	76	98	57	41	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	76	98	57	41	98	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	3.2%	17292	48.3%	0	0	964	0	19415	54.3%	54.3%
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	1159	3.2%	17292	48.3%	0	0	964	0	19415	54.3%	54.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	5	2	7
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	6	7	0	0	0	0	0	0	6	7	13
TOTALS	24	33	0	0	0	0	0	0	24	33	57

Fondulac Rehabilitation & Health Care
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	51	0	0	3	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	51	0	0	3	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	51	0	0	0	51
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	2.00
LPN's	9.00
Certified Aides	18.00
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
7.0%	85.1%	0.0%	0.3%	7.6%	100.0%		
197,247	2,401,508	0	8,536	213,652	2,820,943	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 4/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	177
Total Admissions 2017	65
Total Discharges 2017	66
Residents on 12/31/2017	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	4
Mental Illness	102
Developmental Disability	6
Circulatory System	6
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	10
Skin Disorders	6
Musculo-skeletal Disorders	4
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 102

Total Residents Reported as Identified Offenders 36

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

LEVEL OF CARE	LICENSED 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	193	213	176	37	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	193	213	176	37	99	213

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2880	8.0%	63973	82.3%	3451	0	464	0	70768	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	2880	8.0%	63973	82.3%	3451	0	464	0	70768	91.0%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	0	0	0	0	0	0	8	6	14
45 to 59	32	22	0	0	0	0	0	0	32	22	54
60 to 64	21	13	0	0	0	0	0	0	21	13	34
65 to 74	28	25	0	0	0	0	0	0	28	25	53
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	95	81	0	0	0	0	0	0	95	81	176

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	4	163	8	0	1	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	4	163	8	0	1	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	152	0	0	0	152
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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	49.00
Certified Aides	93.00
Other Health Staff	18.00
Non-Health Staff	42.00
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
15.9%	82.9%	0.0%	0.3%	0.9%	100.0%		
1,541,820	8,036,251	0	28,805	84,660	9,691,536	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
Nichole Lockett

Contact Person and Telephone
Nichole Lockett
630-773-9416

Registered Agent Information
Michele Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	111
Total Admissions 2017	90
Total Discharges 2017	77
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	4
Mental Illness	32
Developmental Disability	0
Circulatory System	18
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	124

Total Residents Diagnosed as Mentally Ill 111

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	128	126	128	124	20	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	128	126	128	124	20	76	144

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2247	8.1%	37215	70.8%	0	405	2222	0	42089	80.1%	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	2247	8.1%	37215	70.8%	0	405	2222	0	42089	80.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	12	0	0	0	0	0	0	8	12	20
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	14	15	0	0	0	0	0	0	14	15	29
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	48	76	0	0	0	0	0	0	48	76	124

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	110	0	1	1	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	12	110	0	1	1	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	108	0	0	0	108
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	18	0	0	0	18
Non-Hispanic	106	0	0	0	106
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	13.54
LPN's	15.83
Certified Aides	21.13
Other Health Staff	0.00
Non-Health Staff	26.34
Totals	78.84

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
15.1%	78.0%	0.0%	2.9%	4.0%	100.0%		
1,320,751	6,842,777	0	253,530	352,292	8,769,350	0	0.0%

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

Foster Health & Rehabilitation Center
2840 W Foster Ave
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
JUDD SCHNEIDER
847-933-1274

Registered Agent Information
JUDD SCHNEIDER
2835 W NORTH SHORE AVE
Chicago, IL 60645

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	37
Total Discharges 2017	31
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	16
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	42

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	46	46	0	46	42	4	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	42	4	0	48

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1608	0.0%	12493	71.3%	0	0	108	0	14209	84.6%	84.6%
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	1608	0.0%	12493	71.3%	0	0	108	0	14209	84.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	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	3	5	0	0	0	0	0	0	3	5	8
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	14	28	0	0	0	0	0	0	14	28	42

Foster Health & Rehabilitation Center
2840 W Foster Ave
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	38	0	0	1	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	38	0	0	1	0	42

AVERAGE DAILY PAYMENT RATES

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

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	28	0	0	0	28
Race Unknown	8	0	0	0	8
Total	42	0	0	0	42

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	34	0	0	0	34
Ethnicity Unknown	3	0	0	0	3
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	2.45
LPN's	4.30
Certified Aides	12.28
Other Health Staff	10.00
Non-Health Staff	7.50
Totals	38.53

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
31.7%	66.3%	0.0%	0.0%	2.0%	100.0%		
934,446	1,954,944	0	0	57,634	2,947,024	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
RACHEL LOLLIS

Contact Person and Telephone
RACHEL LOLLIS
618-465-0044 x1601

Registered Agent Information

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
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 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	0	16	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	16	14	2	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4585	78.5%	0	0	0	0	4585	78.5%	78.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4585	78.5%	0	0	0	0	4585	78.5%	78.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	0	0	1	0	1
60 to 64	0	0	0	0	2	0	0	0	2	0	2
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	1	0	0	0	1	0	1
TOTALS	0	0	0	0	11	3	0	0	11	3	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	136	136
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1.00
Physicians	0.00
Director of Nursing	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	10.66

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%	83.5%	16.4%	0.0%	0.1%	100.0%		
0	507,605	99,838	0	614	608,057	0	0.0%

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

Franciscan Village
1270 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
C.T Corporation System
208 South LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	116
Total Admissions 2017	425
Total Discharges 2017	428
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	1
Circulatory System	37
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	25
Injuries and Poisonings	7
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	113

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	127	127	120	125	113	14	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	125	113	14	38	33

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8457	61.0%	8521	70.7%	0	1723	21098	0	39799	85.9%	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	8457	61.0%	8521	70.7%	0	1723	21098	0	39799	85.9%	85.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	16	70	0	0	0	0	0	0	16	70	86
TOTALS	26	87	0	0	0	0	0	0	26	87	113

Franciscan Village
1270 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	21	22	0	7	63	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	22	0	7	63	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	366	334
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	113	0	0	0	113
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	31.83
LPN's	6.90
Certified Aides	50.23
Other Health Staff	2.00
Non-Health Staff	42.46
Totals	135.42

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
33.3%	8.5%	0.0%	6.2%	52.0%	100.0%		
4,967,975	1,271,349	0	929,338	7,766,232	14,934,894	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
Business Filings Incorporated
118 W Edwards Suite 200
Springfield, IL 62704

Date Questionnaire Completed 2/27/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	46
Total Discharges 2017	64
Residents on 12/31/2017	34

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	1
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	28
Non-Medical Conditions	0
TOTALS	34

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	44	57	34	23	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	44	57	34	23	0	57

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1367	0.0%	10142	48.7%	34	0	1286	0	12829	61.7%	61.7%
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	1367	0.0%	10142	48.7%	34	0	1286	0	12829	61.7%	61.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	12	0	0	0	0	0	0	1	12	13
85+	0	11	0	0	0	0	0	0	0	11	11
TOTALS	6	28	0	0	0	0	0	0	6	28	34

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	7	24	0	0	3	0	34
Skilled Under 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	24	0	0	3	0	34

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	8.00
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
27.3%	58.5%	2.5%	1.4%	10.3%	100.0%		
617,000	1,324,000	56,000	31,700	233,000	2,261,700	0	0.0%

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

Frankfort Terrace
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
Oak Brook Terrace, IL 60181

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	100
Total Admissions 2017	63
Total Discharges 2017	64
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	8
Mental Illness	90
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	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	99

Total Residents Diagnosed as Mentally Ill 96

Total Residents Reported as Identified Offenders 28

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

LEVEL OF CARE	LICENSED 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	99	21	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	99	21	0	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	35919	82.0%	0	0	0	0	35919	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	0	0.0%	35919	82.0%	0	0	0	0	35919	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	9	0	0	0	0	0	0	8	9	17
45 to 59	21	15	0	0	0	0	0	0	21	15	36
60 to 64	6	7	0	0	0	0	0	0	6	7	13
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	49	50	0	0	0	0	0	0	49	50	99

Frankfort Terrace
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	99	0	0	0	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	99	0	0	0	0	99

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	118
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
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	1	0	0	0	1
Non-Hispanic	98	0	0	0	98
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	4.00
LPN's	6.00
Certified Aides	20.00
Other Health Staff	10.00
Non-Health Staff	48.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,200,980	0	0	0	4,200,980	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 x223

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1825	83.3%	0	0	0	0	1825	83.3%	83.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1825	83.3%	0	0	0	0	1825	83.3%	83.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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
502 N. State St.
Franklin Grove, IL. 61031

Reference Numbers

Facility ID	6003305	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
DANA PAYTON

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 4/25/2019

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 - 2018

Residents on 1/1/2017	82
Total Admissions 2017	111
Total Discharges 2017	120
Residents on 12/31/2017	73

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	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	66
Non-Medical Conditions	0
TOTALS	73

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	121	121	86	121	73	48	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	86	121	73	48	132	132

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	8.9%	16098	33.4%	0	0	8155	0	28551	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	4298	8.9%	16098	33.4%	0	0	8155	0	28551	64.6%	64.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	6	2	8
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	19	54	0	0	0	0	0	0	19	54	73

Franklin Grove Living & Rehab
502 N. State St.
Franklin Grove, IL. 61031

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	40	0	0	27	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	40	0	0	27	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Ethnicity Unknown	73	0	0	0	73
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	6.00
LPN's	13.00
Certified Aides	11.00
Other Health Staff	0.00
Non-Health Staff	71.00
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
34.9%	35.5%	0.0%	0.0%	29.5%	100.0%		
2,128,831	2,163,280	0	0	1,799,404	6,091,515	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

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 - 2018

Residents on 1/1/2017	93
Total Admissions 2017	185
Total Discharges 2017	187
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	1
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	57
Non-Medical Conditions	0
TOTALS	91

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	92	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	92	118

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4499	13.4%	10647	24.7%	0	0	18772	0	33918	78.8%	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	4499	13.4%	10647	24.7%	0	0	18772	0	33918	78.8%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	15	43	0	0	0	0	0	0	15	43	58
TOTALS	26	65	0	0	0	0	0	0	26	65	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	11	32	0	0	48	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	11	32	0	0	48	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	151
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	4.50
LPN's	13.00
Certified Aides	33.00
Other Health Staff	0.00
Non-Health Staff	32.50
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
36.6%	28.0%	0.0%	0.3%	35.1%	100.0%		
2,441,003	1,868,466	0	22,637	2,344,181	6,676,287	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 4/4/2019

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 - 2018

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	0	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	16	0	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5774	98.9%	0	0	0	0	5774	98.9%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5774	98.9%	0	0	0	0	5774	98.9%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	79.3%	2.1%	0.0%	18.6%	100.0%		
0	581,205	15,578	0	136,360	733,143	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
Katherine 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 4/4/2019

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 - 2018

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 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	0	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5578	95.5%	0	0	0	0	5578	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5578	95.5%	0	0	0	0	5578	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	5	1	0	0	5	1	6
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	79.7%	0.9%	0.0%	19.3%	100.0%		
0	557,486	6,456	0	135,160	699,102	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 Street, Suite 300
Rock Island, IL 61201

Date Questionnaire Completed 4/17/2019

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	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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	165
Total Discharges 2017	167
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	1
Circulatory System	0
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	29
Other Medical Conditions	23
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	79	79	79	15	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	79	79	79	15	94	62

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1336	3.9%	6322	27.9%	0	1218	19542	458	28876	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	1336	3.9%	6322	27.9%	0	1218	19542	458	28876	84.2%	84.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	3	9	12
85+	13	53	0	0	0	0	0	0	13	53	66
TOTALS	17	62	0	0	0	0	0	0	17	62	79

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	2	13	2	2	60	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	2	13	2	2	60	0	79

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5	0	0	0	5
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	0	0	0	0	0
Ethnicity Unknown	79	0	0	0	79
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	7.20
LPN's	10.60
Certified Aides	31.90
Other Health Staff	5.85
Non-Health Staff	3.00
Totals	60.55

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
9.4%	13.3%	0.0%	7.9%	69.4%	100.0%		
695,718	987,633	0	581,446	5,135,367	7,400,164	108,809	1.5%

*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

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
Nashville, IL 62263

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	96
Total Discharges 2017	85
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	19
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	8
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	88

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	120	120	91	32	88	32	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	32	88	32	31	230

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3017	26.7%	15683	18.7%	0	150	11644	0	30494	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	3017	26.7%	15683	18.7%	0	150	11644	0	30494	69.6%	69.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	11	12	0	0	0	0	0	0	11	12	23
85+	10	41	0	0	0	0	0	0	10	41	51
TOTALS	26	62	0	0	0	0	0	0	26	62	88

Friendship Manor Health Care
485 S FRIENDSHIP DR
Nashville, IL. 62263

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	12	41	0	0	35	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	41	0	0	35	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	131
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	3.40
LPN's	13.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	32.40
Totals	67.80

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
27.4%	38.3%	0.0%	2.7%	31.5%	100.0%		
1,436,428	2,007,628	0	141,738	1,650,393	5,236,187	0	0.0%

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

Friendship Skilled NSG & Rehab
826 N. High St
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
Kathleen L. Pine
2015 West Main Street #111
Carbondale, IL 62901

Date Questionnaire Completed 3/24/2019

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 - 2018

Residents on 1/1/2017	32
Total Admissions 2017	50
Total Discharges 2017	53
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	9
Developmental Disability	0
Circulatory System	1
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

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	49	42	37	42	29	20	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	42	37	42	29	20	47	47

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	994	5.8%	7316	42.6%	0	161	3347	0	11818	66.1%	77.1%
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	994	5.8%	7316	42.6%	0	161	3347	0	11818	66.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	2	5	0	0	0	0	0	0	2	5	7
85+	3	10	0	0	0	0	0	0	3	10	13
TOTALS	7	22	0	0	0	0	0	0	7	22	29

Friendship Skilled NSG & Rehab
826 N. High St
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	1	18	1	1	8	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	18	1	1	8	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	11.80
Other Health Staff	2.00
Non-Health Staff	13.02
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
25.2%	47.5%	0.0%	2.9%	24.5%	100.0%		
524,731	990,365	0	59,918	510,859	2,085,873	0	0.0%

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

Friendship Village of Schaumburg
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
Casey Pudwill

Contact Person and Telephone
Jeff Nyberg
847-843-4259

Registered Agent Information
Stephen Yenchek
350 W Schaumburg Rd
Schaumburg, IL 60194

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	178
Total Admissions 2017	762
Total Discharges 2017	766
Residents on 12/31/2017	174

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	19
Mental Illness	27
Developmental Disability	0
Circulatory System	51
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	14
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	174

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	240	240	204	240	174	66	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	204	240	174	66	250	190

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12352	13.5%	14852	21.4%	0	2988	37530	0	67722	77.3%	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	12352	13.5%	14852	21.4%	0	2988	37530	0	67722	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	34	0	0	0	0	0	0	10	34	44
85+	26	99	0	0	0	0	0	0	26	99	125
TOTALS	39	135	0	0	0	0	0	0	39	135	174

Friendship Village of Schaumburg
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	23	42	0	7	102	0	174
Skilled Under 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	42	0	7	102	0	174

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	485	408
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	172	0	0	0	172
Race Unknown	0	0	0	0	0
Total	174	0	0	0	174

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	174	0	0	0	174
Ethnicity Unknown	0	0	0	0	0
Total	174	0	0	0	174

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	50.01
LPN's	4.83
Certified Aides	77.21
Other Health Staff	9.64
Non-Health Staff	48.40
Totals	192.09

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
31.3%	10.0%	0.0%	4.5%	54.2%	100.0%		
7,222,185	2,295,150	0	1,046,398	12,492,386	23,056,119	902,657	3.9%

*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 4/4/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5825	99.7%	0	0	0	0	5825	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5825	99.7%	0	0	0	0	5825	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	
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	

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	1.5%	0.0%	13.5%	100.0%		
0	636,522	10,939	0	100,746	748,207	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 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 4/4/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5128	87.8%	0	0	0	0	5128	87.8%	87.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5128	87.8%	0	0	0	0	5128	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	8	8	0	0	8	8	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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%	82.0%	1.8%	0.0%	16.2%	100.0%		
0	542,607	11,898	0	106,911	661,416	0	0.0%

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

Galena Stauss Nursing Home
215 Summit St
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 3/7/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	24
Total Discharges 2017	30
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	0
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	48

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	57	57	55	57	48	9	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	48	9	57	57

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	13637	65.5%	0	0	5027	0	18664	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	0	0.0%	13637	65.5%	0	0	5027	0	18664	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	8	0	0	0	0	0	0	3	8	11
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	12	36	0	0	0	0	0	0	12	36	48

Galena Stauss Nursing Home
215 Summit St
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	31	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	0	31	0	0	17	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	4.70
LPN's	6.98
Certified Aides	26.87
Other Health Staff	0.00
Non-Health Staff	17.55
Totals	58.10

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
0.1%	55.8%	0.0%	1.8%	42.3%	100.0%		
3,228	1,801,601	0	58,116	1,365,731	3,228,676	0	0.0%

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

Gallatin Manor
900 West Race St
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
900 W Race St
Ridgway, IL 62979

Date Questionnaire Completed 3/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	29
Total Admissions 2017	87
Total Discharges 2017	78
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	6
Mental Illness	5
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
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	71	54	43	54	38	33	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	54	43	54	38	33	25	71

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1408	15.4%	10933	42.2%	0	110	584	0	13035	50.3%	66.1%
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	1408	15.4%	10933	42.2%	0	110	584	0	13035	50.3%	66.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
65 to 74	9	2	0	0	0	0	0	0	9	2	11
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	21	17	0	0	0	0	0	0	21	17	38

Gallatin Manor
900 West Race St
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	5	30	0	2	1	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	5	30	0	2	1	0	38

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	38	0	0	0	38
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	2.00
LPN's	8.50
Certified Aides	14.60
Other Health Staff	6.00
Non-Health Staff	15.00
Totals	48.10

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
34.0%	59.5%	0.0%	3.3%	3.1%	100.0%		
761,891	1,332,881	0	74,398	69,939	2,239,109	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
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 5/6/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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%	62.8%	17.9%	0.0%	19.3%	100.0%		
0	626,951	178,446	0	192,315	997,712	0	0.0%

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

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
Debbie Massey

Contact Person and Telephone
Debbie Massey
708-747-1300

Registered Agent Information
Sarah Barrish
6840 Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	82
Total Admissions 2017	111
Total Discharges 2017	101
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	8
Developmental Disability	1
Circulatory System	36
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 2

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	94	115	92	23	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	115	115	94	115	92	23	154	154

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2354	4.2%	27705	49.3%	434	3452	0	0	33945	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	2354	4.2%	27705	49.3%	434	3452	0	0	33945	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	4	0	0	0	0	0	0	6	4	10
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	5	31	0	0	0	0	0	0	5	31	36
TOTALS	34	58	0	0	0	0	0	0	34	58	92

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	76	0	3	4	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	9	76	0	3	4	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	178	235

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	62	0	0	0	62
Hawaiian/Pacific Isl.	0	0	0	0	0
White	28	0	0	0	28
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	2	0	0	0	2
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	0	0	0	0	0
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	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
28.2%	44.3%	1.9%	7.2%	18.4%	100.0%		
2,216,767	3,487,045	152,517	565,389	1,445,678	7,867,396	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 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
Marie Rosete

Contact Person and Telephone
Marie Rosete
708-452-9200

Registered Agent Information
Tom Winter
6840 N. Lincoln Avenua
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	169
Total Admissions 2017	190
Total Discharges 2017	200
Residents on 12/31/2017	159

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	26
Alzheimer Disease	7
Mental Illness	29
Developmental Disability	1
Circulatory System	19
Respiratory System	46
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	159

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	245	245	0	245	159	86	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	0	245	159	86	245	245

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3643	4.1%	53288	59.6%	1565	2218	1077	0	61791	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	3643	4.1%	53288	59.6%	1565	2218	1077	0	61791	69.1%	69.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	25	5	0	0	0	0	0	0	25	5	30
60 to 64	15	11	0	0	0	0	0	0	15	11	26
65 to 74	27	20	0	0	0	0	0	0	27	20	47
75 to 84	11	17	0	0	0	0	0	0	11	17	28
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	92	67	0	0	0	0	0	0	92	67	159

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	11	138	5	5	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	11	138	5	5	0	0	159

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	58	0	0	0	58
Hawaiian/Pacific Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	2	0	0	0	2
Total	145	0	0	0	145

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	25	0	0	0	25
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	2	0	0	0	2
Total	159	0	0	0	159

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	22.00
Certified Aides	52.00
Other Health Staff	48.00
Non-Health Staff	34.00
Totals	178.00

NET REVENUE BY PAYOR 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%	61.3%	13.9%	2.5%	6.3%	100.0%		
2,765,954	10,571,209	2,389,777	427,884	1,083,899	17,238,723	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 St
Lincoln, IL. 62656

Reference Numbers

Facility ID	6005490	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Darcy Swaar

Contact Person and Telephone
Darcy Swaar
217-735-1538

Registered Agent Information
Thomas Winter
6840 North Lincoln Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	99
Total Discharges 2017	102
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	14
Respiratory System	33
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	77

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	126	0	0	0	77	49	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	0	0	0	77	49	99	126

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2664	7.4%	23371	50.8%	709	35	2172	0	28951	63.0%	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	2664	7.4%	23371	50.8%	709	35	2172	0	28951	63.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	8	0	0	0	0	0	0	8	8	16
60 to 64	7	9	0	0	0	0	0	0	7	9	16
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	33	44	0	0	0	0	0	0	33	44	77

Generations at Lincoln
2202 N Kickapoo St
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	8	53	13	0	3	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	8	53	13	0	3	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	72	0	0	0	72
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	0.00
Director of Nursing	1.00
Registered Nurses	4.50
LPN's	10.50
Certified Aides	18.00
Other Health Staff	1.30
Non-Health Staff	17.00
Totals	53.30

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
26.7%	51.1%	1.5%	4.2%	16.4%	100.0%		
1,830,417	3,500,628	104,222	290,465	1,124,971	6,850,703	0	0.0%

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

Generations at Mckinley Court
500 West Mckinley Ave
Decatur, IL. 62526

Reference Numbers

Facility ID	6005938	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Lacey Rabbe

Contact Person and Telephone
Lacey Rabbe
217-330 4144

Registered Agent Information
Thomas Winter
6840 N. Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	108
Total Admissions 2017	244
Total Discharges 2017	265
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	6
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	11
Other Medical Conditions	9
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	150	150	130	150	90	60	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	130	150	90	60	150	150

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	53	0.1%	0	7	9	0	90	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%	53	0.1%	0	7	9	0	90	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	10	26	0	0	0	0	0	0	10	26	36
TOTALS	29	62	0	0	0	0	0	0	29	62	91

Generations at Mckinley Court
500 West Mckinley Ave
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	53	0	7	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	21	53	0	7	9	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	202
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	15.00
Certified Aides	40.00
Other Health Staff	11.00
Non-Health Staff	36.00
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
52.0%	24.5%	0.9%	3.3%	19.3%	100.0%		
5,116,768	2,408,732	87,449	329,491	1,905,345	9,847,785	0	0.0%

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

Generations at McKinley Place, LLC
2530 N. Monroe St.
Decatur, IL. 62526

Reference Numbers

Facility ID	6006282	
Health Service Area	004	
Planning Service Area	115	Macon
County	115	Macon County

Administrator
Kimberly Auton

Contact Person and Telephone
Kimberly Auton
217-875-0920

Registered Agent Information
Thomas Winter
6840 N. Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	190
Total Discharges 2017	218
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	22
Developmental Disability	2
Circulatory System	29
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	116

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	195	165	144	165	116	79	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	165	144	165	116	79	195	195

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4532	6.4%	42046	59.1%	0	52	3077	0	49707	69.8%	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	4532	6.4%	42046	59.1%	0	52	3077	0	49707	69.8%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	14	0	0	0	0	0	0	8	14	22
60 to 64	3	6	0	0	0	0	0	0	3	6	9
65 to 74	19	14	0	0	0	0	0	0	19	14	33
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	9	19	0	0	0	0	0	0	9	19	28
TOTALS	48	68	0	0	0	0	0	0	48	68	116

Generations at McKinley Place, LLC
2530 N. Monroe St.
Decatur, IL. 62526

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	99	0	0	7	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	10	99	0	0	7	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	82	0	0	0	82
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	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	0.00
Director of Nursing	0.00
Registered Nurses	4.00
LPN's	19.00
Certified Aides	39.00
Other Health Staff	0.00
Non-Health Staff	37.00
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
28.3%	51.3%	0.7%	1.5%	18.3%	100.0%		
2,846,145	5,159,381	69,364	153,289	1,838,769	10,066,948	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
Jennifer Hoppe

Contact Person and Telephone
Jennifer Hoppe
815-234-2511

Registered Agent Information
Thomas Winter
6840 North Lincoln Avenue
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	79
Total Admissions 2017	238
Total Discharges 2017	218
Residents on 12/31/2017	99

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	36
Developmental Disability	0
Circulatory System	22
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	5
Non-Medical Conditions	1
TOTALS	99

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	104	131	99	32	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	104	131	99	32	131	131

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3701	7.7%	22254	46.5%	0	2237	4992	0	33184	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	3701	7.7%	22254	46.5%	0	2237	4992	0	33184	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	7	15	0	0	0	0	0	0	7	15	22
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	13	34	0	0	0	0	0	0	13	34	47
TOTALS	34	65	0	0	0	0	0	0	34	65	99

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	67	0	6	14	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	16	67	0	6	14	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	94	0	0	0	94
Race Unknown	3	0	0	0	3
Total	99	0	0	0	99

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	95	0	0	0	95
Ethnicity Unknown	3	0	0	0	3
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	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
28.1%	30.7%	5.5%	7.5%	28.2%	100.0%		
1,972,219	2,156,015	385,794	526,168	1,978,703	7,018,899	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 Oakton Pavillion, LLC.
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
Patrick J. DiPaolo

Contact Person and Telephone
Patrick J. DiPaolo
847-299-5588

Registered Agent Information
Thomas Winter
6840 N. Lincoln Ave.
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	186
Total Discharges 2017	197
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	0
Circulatory System	40
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	106	294	106	188	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	106	294	106	188	275	152

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3918	3.9%	18344	33.1%	4355	2073	12361	0	41051	38.3%	38.3%
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	3918	3.9%	18344	33.1%	4355	2073	12361	0	41051	38.3%	38.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	6	4	0	0	0	0	0	0	6	4	10
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	15	45	0	0	0	0	0	0	15	45	60
TOTALS	31	75	0	0	0	0	0	0	31	75	106

Generations at Oakton Pavillion, LLC.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	60	7	2	22	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	60	7	2	22	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	98	0	0	0	98
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	5	0	0	0	5
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	2	0	0	0	2
Total	106	0	0	0	106

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	23.00
LPN's	4.00
Certified Aides	44.00
Other Health Staff	14.00
Non-Health Staff	39.00
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
23.3%	31.9%	8.9%	7.6%	28.3%	100.0%		
2,233,806	3,063,601	858,055	725,573	2,719,481	9,600,516	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 Peoria
5600 Glen Elm St
Peoria, IL. 61614

Reference Numbers

Facility ID	6000293	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Stacy Brenton

Contact Person and Telephone
Stacy Brenton
309-693-8777

Registered Agent Information
Tom Winter
6340 N Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	177
Total Discharges 2017	156
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	29
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 66

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	94	144	74	70	144	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	94	144	74	70	144	144

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	2.3%	21625	41.1%	0	940	1180	0	24978	47.5%	47.5%
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	1233	2.3%	21625	41.1%	0	940	1180	0	24978	47.5%	47.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	32	42	0	0	0	0	0	0	32	42	74

Generations at Peoria
5600 Glen Elm St
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	2	62	0	7	3	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	2	62	0	7	3	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	279
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	54	0	0	0	54
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	7.97
LPN's	9.32
Certified Aides	34.39
Other Health Staff	10.04
Non-Health Staff	28.41
Totals	92.13

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
31.1%	32.9%	4.4%	16.5%	15.1%	100.0%		
347,707	368,433	48,964	185,095	168,525	1,118,724	0	0.0%

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

Generations at Riverview
500 Centennial Drive
East Peoria, IL. 61611

Reference Numbers

Facility ID	6008056	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Ben Perkins

Contact Person and Telephone
Blake Lopeman
309-694-0022

Registered Agent Information
Tom Winter
6840 N Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	96
Total Discharges 2017	102
Residents on 12/31/2017	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	3
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	71	67	44	67	35	36	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	67	44	67	35	36	71	10

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	5.0%	311	8.5%	0	518	172	0	2291	8.8%	9.4%
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	1290	5.0%	311	8.5%	0	518	172	0	2291	8.8%	9.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	4	5	0	0	0	0	0	0	4	5	9
TOTALS	14	21	0	0	0	0	0	0	14	21	35

Generations at Riverview
500 Centennial Drive
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	20	5	0	7	3	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	20	5	0	7	3	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	262
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.10
Registered Nurses	7.80
LPN's	6.70
Certified Aides	20.10
Other Health Staff	2.90
Non-Health Staff	18.60
Totals	58.20

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
28.0%	46.0%	2.7%	5.9%	17.4%	100.0%		
4,756,611	7,814,177	452,466	996,150	2,952,269	16,971,673	0	0.0%

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

Generations at Rock Island, LLC
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
TRUDY WHITTINGTON

Contact Person and Telephone
TRUDY WHITTINGTON
309-788-0458

Registered Agent Information
TOM WINTER
6840 N. LINCOLN AVENUE
Lincolnwood, IL 60712

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	101
Total Admissions 2017	125
Total Discharges 2017	123
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	21
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	16
Mental Illness	7
Developmental Disability	0
Circulatory System	21
Respiratory System	14
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	103

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	177	177	120	177	103	74	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	120	177	103	74	177	177

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.6%	3137	4.9%	0	91	56	0	3675	5.7%	5.7%
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	391	0.6%	3137	4.9%	0	91	56	0	3675	5.7%	5.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	10	0	0	0	0	0	0	7	10	17
65 to 74	16	14	0	0	0	0	0	0	16	14	30
75 to 84	5	25	0	0	0	0	0	0	5	25	30
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	38	65	0	0	0	0	0	0	38	65	103

Generations at Rock Island, LLC
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	11	89	0	3	0	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	89	0	3	0	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	169	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	77	0	0	0	77
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	5	0	0	0	5
Non-Hispanic	98	0	0	0	98
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	18.00
Certified Aides	38.00
Other Health Staff	11.00
Non-Health Staff	46.00
Totals	123.00

NET REVENUE BY PAYOR 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%	53.2%	3.5%	7.2%	11.4%	100.0%		
1,759,005	3,780,657	247,971	512,777	809,205	7,109,615	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.

Generatons at Regency
6631 N 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 4/19/2019

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 - 2018

Residents on 1/1/2017	196
Total Admissions 2017	192
Total Discharges 2017	192
Residents on 12/31/2017	196

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	32
Mental Illness	13
Developmental Disability	0
Circulatory System	22
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	76
Non-Medical Conditions	0
TOTALS	196

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	300	300	196	300	196	104	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	196	300	196	104	300	300

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.7%	17651	16.1%	37813	148	6583	0	70649	64.5%	64.5%
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	8454	7.7%	17651	16.1%	37813	148	6583	0	70649	64.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	10	8	0	0	0	0	0	0	10	8	18
65 to 74	18	31	0	0	0	0	0	0	18	31	49
75 to 84	29	29	0	0	0	0	0	0	29	29	58
85+	15	51	0	0	0	0	0	0	15	51	66
TOTALS	75	121	0	0	0	0	0	0	75	121	196

Generatons at Regency
6631 N 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	39	115	3	17	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	16	39	115	3	17	0	190

AVERAGE DAILY PAYMENT RATES

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

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	165	0	0	0	165
Race Unknown	2	0	0	0	2
Total	183	0	0	0	183

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	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	27.00
LPN's	23.00
Certified Aides	61.00
Other Health Staff	1.00
Non-Health Staff	77.00
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
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

3/3/2016 Formerly Regency Healthcare & Rehab Center and Regency Rehabilitation Center.

Genesis Health System d.b.a. Illini Restorative Car
1455 Hospital Rd
Silvis, IL. 61282

Reference Numbers

Facility ID	6013023	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Sarah Manthey

Contact Person and Telephone
Sarah Manthey
309-281-3272

Registered Agent Information
Theresa Main
801 Illini Dr
Silvis, IL 61282

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	555
Total Discharges 2017	549
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	11
Other Medical Conditions	1
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	92	92	81	92	66	26	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	18	28	15	13		
TOTAL BEDS	120	120	99	120	81	39	83	83

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7201	23.8%	9425	31.1%	0	292	8123	0	25041	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	5182	0	5182	50.7%	50.7%
TOTALS	7201	23.8%	9425	31.1%	0	292	13305	0	30223	69.0%	69.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
75 to 84	5	13	0	0	0	0	0	2	5	15	20
85+	6	27	0	0	0	0	3	10	9	37	46
TOTALS	17	49	0	0	0	0	3	12	20	61	81

Genesis Health System d.b.a. Illini Restorative Car
1455 Hospital Rd
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	22	25	0	1	18	0	66
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	22	25	0	1	33	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	179	202

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	15	80
Race Unknown	0	0	0	0	0
Total	66	0	0	15	81

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	65	0	0	15	80
Ethnicity Unknown	0	0	0	0	0
Total	66	0	0	15	81

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.11
LPN's	11.82
Certified Aides	34.41
Other Health Staff	13.49
Non-Health Staff	9.36
Totals	80.19

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
50.3%	15.4%	0.0%	1.6%	32.7%	100.0%		
3,646,948	1,117,969	0	119,165	2,372,172	7,256,254	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 3/4/2019

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 - 2018

Residents on 1/1/2017	55
Total Admissions 2017	45
Total Discharges 2017	53
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	7
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	47	45	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	47	45	0	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	8429	25.1%	0	0	9752	0	18181	54.1%	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	0	0.0%	8429	25.1%	0	0	9752	0	18181	54.1%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	8	39	0	0	0	0	0	0	8	39	47

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	21	0	0	26	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	21	0	0	26	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	2.60
LPN's	9.00
Certified Aides	23.40
Other Health Staff	0.00
Non-Health Staff	7.95
Totals	44.96

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
0.8%	28.1%	0.0%	0.0%	71.1%	100.0%		
24,810	866,464	0	0	2,193,392	3,084,666	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 3/15/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	16
Total Discharges 2017	16
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	3
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	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	13

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	15	14	15	13	3		
Skilled Under 22	0	0	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	15	14	15	13	3		

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	231	0.0%	1975	0.0%	0	51	2464	0	4721	80.8%	86.2%
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	231	0.0%	1975	0.0%	0	51	2464	0	4721	80.8%	86.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	1	1	2
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	2	11	0	0	0	0	0	0	2	11	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
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	12	0	0	0	12
Race Unknown	1	0	0	0	1
Total	13	0	0	0	13

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	12	0	0	0	12
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	3.00
LPN's	2.50
Certified Aides	9.50
Other Health Staff	0.50
Non-Health Staff	1.25
Totals	17.75

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
3.2%	47.7%	0.0%	8.4%	40.6%	100.0%		
42,667	631,746	0	111,701	538,403	1,324,517	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 3/15/2019

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 - 2018

Residents on 1/1/2017	23
Total Admissions 2017	27
Total Discharges 2017	28
Residents on 12/31/2017	22

RESIDENTS BY PRIMARY DIAGNOSIS

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

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	26	26	25	26	22	4	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	22	4	5	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	92	7929	0	8021	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	0	0.0%	0	0.0%	0	92	7929	0	8021	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	6	16	0	0	0	0	0	0	6	16	22

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	22	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	0	0	0	0	22	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	3.00
LPN's	2.50
Certified Aides	9.50
Other Health Staff	0.50
Non-Health Staff	1.25
Totals	17.75

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%	0.0%	0.0%	3.7%	96.3%	100.0%		
0	0	0	72,277	1,892,406	1,964,683	0	0.0%

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

Gilman Healthcare Center
1390 S Crescent 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. Guniki
4711 Golf Road
Skokie, IL 60076

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	76
Total Admissions 2017	92
Total Discharges 2017	86
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	21
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	16
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	99	99	0	99	82	17	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	0	99	82	17	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3171	8.8%	23304	64.5%	0	233	1506	0	28214	78.1%	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	3171	8.8%	23304	64.5%	0	233	1506	0	28214	78.1%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	6	3	9
60 to 64	6	1	0	0	0	0	0	0	6	1	7
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	10	12	0	0	0	0	0	0	10	12	22
TOTALS	41	41	0	0	0	0	0	0	41	41	82

Gilman Healthcare Center
1390 S Crescent 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	68	2	2	3	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	7	68	2	2	3	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	1.49
Registered Nurses	5.48
LPN's	8.17
Certified Aides	22.13
Other Health Staff	2.39
Non-Health Staff	27.92
Totals	68.58

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
31.3%	61.5%	0.0%	0.9%	6.3%	100.0%		
1,782,865	3,507,014	0	51,769	357,726	5,699,374	0	0.0%

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

Glen Elston Nursing and Rehabilitation 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 Denunburg
191 N Wacker Dr, Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/22/2019

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	180
Total Discharges 2017	159
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	8
TOTALS	90

Total Residents Diagnosed as Mentally Ill 3

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	117	117	117	117	90	27	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	90	27	0	117

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

Glen Elston Nursing and Rehabilitation 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	6	17	64	0	3	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	6	17	64	0	3	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
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	25	0	0	0	25
Non-Hispanic	63	0	0	0	63
Ethnicity Unknown	2	0	0	0	2
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	11.00
LPN's	20.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
20.7%	68.5%	1.5%	6.6%	2.8%	100.0%		
1,322,149	4,375,841	94,419	419,041	175,829	6,387,279	0	0.0%

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

Glen Oaks Nyrsing and Rehabilitation Centre
270 Skokie Highway
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
Yisroel Davis

Contact Person and Telephone
Yaniv Zuckerman
847-498-9320

Registered Agent Information
Marilyn Dunn
55 W Monroe, Suite 2400
Chicago, IL 60603

Date Questionnaire Completed 5/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	207
Total Admissions 2017	89
Total Discharges 2017	103
Residents on 12/31/2017	193

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	96
Developmental Disability	0
Circulatory System	35
Respiratory System	28
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	193

Total Residents Diagnosed as Mentally Ill 96

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	298	298	210	298	193	105	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	210	298	193	105	150	298

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3214	5.9%	69077	63.5%	0	343	1206	0	73840	67.9%	67.9%
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	3214	5.9%	69077	63.5%	0	343	1206	0	73840	67.9%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	11	5	16
45 to 59	23	26	0	0	0	0	0	0	23	26	49
60 to 64	28	24	0	0	0	0	0	0	28	24	52
65 to 74	20	26	0	0	0	0	0	0	20	26	46
75 to 84	7	11	0	0	0	0	0	0	7	11	18
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	94	99	0	0	0	0	0	0	94	99	193

Glen Oaks Nyrsing and Rehabilitation Centre
270 Skokie Highway
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	179	0	2	6	0	193
Skilled Under 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	179	0	2	6	0	193

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
Race Unknown	2	0	0	0	2
Total	193	0	0	0	193

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	180	0	0	0	180
Ethnicity Unknown	2	0	0	0	2
Total	193	0	0	0	193

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.73
LPN's	1.91
Certified Aides	43.80
Other Health Staff	4.65
Non-Health Staff	44.60
Totals	111.69

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
10.6%	85.0%	0.0%	3.9%	0.5%	100.0%		
1,499,589	11,988,641	0	547,733	65,450	14,101,413	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
Miron Tabic

Contact Person and Telephone
Miron Tabic
847-647-9824

Registered Agent Information

Date Questionnaire Completed 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	35
Total Admissions 2017	53
Total Discharges 2017	47
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	2
Circulatory System	3
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
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	55	55	41	55	41	14	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	41	55	41	14	0	55

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2403	0.0%	8068	40.2%	0	323	4933	0	15727	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	2403	0.0%	8068	40.2%	0	323	4933	0	15727	78.3%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	8	0	0	0	0	0	0	0	8	8
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	11	30	0	0	0	0	0	0	11	30	41

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	20	0	1	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	3	20	0	1	17	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	40	0	0	0	40
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	0.50
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	2.00
Certified Aides	19.00
Other Health Staff	1.00
Non-Health Staff	20.00
Totals	58.50

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
18.8%	17.7%	0.0%	1.1%	62.5%	100.0%		
1,410,269	1,326,381	0	79,673	4,694,640	7,510,963	0	0.0%

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

GlenBridge Nursing and Rehabilitation Centre
8333 West Golf Rd
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
Sarah Pappe

Contact Person and Telephone
Sarah Pappe
847-966-9190

Registered Agent Information
Marilyn Dunn, Attorney-at-law
55 W. Monroe, Suite 2400
Chicago, IL 60603

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	229
Total Admissions 2017	191
Total Discharges 2017	219
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	56
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	2
Mental Illness	1
Developmental Disability	0
Circulatory System	46
Respiratory System	49
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	201

Total Residents Diagnosed as Mentally Ill 1

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	302	288	229	288	201	101	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	288	229	288	201	101	0	302

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4201	0.0%	69948	63.5%	835	822	1510	0	77316	70.1%	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	4201	0.0%	69948	63.5%	835	822	1510	0	77316	70.1%	73.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	15	12	0	0	0	0	0	0	15	12	27
60 to 64	13	6	0	0	0	0	0	0	13	6	19
65 to 74	29	24	0	0	0	0	0	0	29	24	53
75 to 84	16	27	0	0	0	0	0	0	16	27	43
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	87	114	0	0	0	0	0	0	87	114	201

GlenBridge Nursing and Rehabilitation Centre
8333 West Golf Rd
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	6	183	1	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	6	183	1	3	8	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	53	0	0	0	53
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	138	0	0	0	138
Race Unknown	1	0	0	0	1
Total	201	0	0	0	201

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	189	0	0	0	189
Ethnicity Unknown	1	0	0	0	1
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	32.00
LPN's	12.00
Certified Aides	51.00
Other Health Staff	20.00
Non-Health Staff	47.00
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
14.3%	79.1%	1.0%	3.1%	2.5%	100.0%		
2,463,346	13,618,768	177,643	529,097	430,710	17,219,564	0	0.0%

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

GlenCrest Healthcare and Rehab Center
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
Marilyn Dunn, Attorney at Law
55 W. Monroe, STE 2400
Chicago, IL 60603

Date Questionnaire Completed 4/15/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	226
Total Admissions 2017	309
Total Discharges 2017	335
Residents on 12/31/2017	200

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	26
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	28
Respiratory System	61
Digestive System	5
Genitourinary System Disorders	19
Skin Disorders	7
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	200

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	312	279	244	279	200	112	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	244	279	200	112	240	312

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8569	9.8%	67348	59.1%	234	34	10080	0	86265	75.8%	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	8569	9.8%	67348	59.1%	234	34	10080	0	86265	75.8%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	26	15	0	0	0	0	0	0	26	15	41
60 to 64	21	17	0	0	0	0	0	0	21	17	38
65 to 74	28	21	0	0	0	0	0	0	28	21	49
75 to 84	15	19	0	0	0	0	0	0	15	19	34
85+	9	16	0	0	0	0	0	0	9	16	25
TOTALS	108	92	0	0	0	0	0	0	108	92	200

GlenCrest Healthcare and Rehab Center
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	26	171	1	0	2	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	26	171	1	0	2	0	200

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	71	0	0	0	71
Hawaiian/Pacific Isl.	0	0	0	0	0
White	87	0	0	0	87
Race Unknown	35	0	0	0	35
Total	200	0	0	0	200

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	31	0	0	0	31
Non-Hispanic	167	0	0	0	167
Ethnicity Unknown	2	0	0	0	2
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	32.00
LPN's	3.00
Certified Aides	51.00
Other Health Staff	18.00
Non-Health Staff	205.00
Totals	311.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.2%	73.8%	0.2%	5.2%	1.6%	100.0%		
3,918,811	15,069,027	39,416	1,066,901	337,060	20,431,215	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
Allen Hollander

Contact Person and Telephone
Allen Hollander
847-729-9090

Registered Agent Information
James Slesur
6633 N Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 5/7/2019

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 - 2018

Residents on 1/1/2017	251
Total Admissions 2017	1,403
Total Discharges 2017	1,414
Residents on 12/31/2017	240

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	9
Blood Disorders	10
*Nervous System Non Alzheimer	13
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	0
Circulatory System	67
Respiratory System	40
Digestive System	15
Genitourinary System Disorders	21
Skin Disorders	7
Musculo-skeletal Disorders	40
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	240

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	267	283	240	74	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	267	283	240	74	314	314

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	16669	14.5%	43301	37.8%	2875	6484	22170	0	91499	79.8%	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	16669	14.5%	43301	37.8%	2875	6484	22170	0	91499	79.8%	88.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	5	0	0	0	0	0	0	6	5	11
65 to 74	16	21	0	0	0	0	0	0	16	21	37
75 to 84	23	54	0	0	0	0	0	0	23	54	77
85+	24	88	0	0	0	0	0	0	24	88	112
TOTALS	70	170	0	0	0	0	0	0	70	170	240

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	124	6	10	60	0	240
Skilled Under 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	124	6	10	60	0	240

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	42	0	0	0	42
American Indian	0	0	0	0	0
Black	24	0	0	0	24
Hawaiian/Pacific Isl.	0	0	0	0	0
White	171	0	0	0	171
Race Unknown	3	0	0	0	3
Total	240	0	0	0	240

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	230	0	0	0	230
Ethnicity Unknown	0	0	0	0	0
Total	240	0	0	0	240

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	42.43
LPN's	28.50
Certified Aides	95.94
Other Health Staff	44.61
Non-Health Staff	106.90
Totals	320.38

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
36.3%	29.0%	1.9%	11.4%	21.5%	100.0%		
9,936,498	7,948,283	517,515	3,119,109	5,888,032	27,409,437	0	0.0%

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

Glenwood Healthcare Rehab Inc
19330 S 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
Mark A Hocuk

Contact Person and Telephone
Mark A Hocuk
708-758-6200

Registered Agent Information
Stephen Sher
5750 Old Orchard Rd Ste. 420
Skokie, IL 60077

Date Questionnaire Completed 3/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	123
Total Admissions 2017	177
Total Discharges 2017	168
Residents on 12/31/2017	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	19
Developmental Disability	1
Circulatory System	32
Respiratory System	11
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	8
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	132

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	184	163	0	156	132	52	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	0	156	132	52	184	184

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3540	5.3%	36020	53.6%	3302	79	1638	0	44579	66.4%	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	3540	5.3%	36020	53.6%	3302	79	1638	0	44579	66.4%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	0	0	0	0	0	0	14	8	22
60 to 64	13	11	0	0	0	0	0	0	13	11	24
65 to 74	31	12	0	0	0	0	0	0	31	12	43
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	9	10	0	0	0	0	0	0	9	10	19
TOTALS	81	51	0	0	0	0	0	0	81	51	132

Glenwood Healthcare Rehab Inc
19330 S 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	110	10	0	4	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	8	110	10	0	4	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	285	199
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	94	0	0	0	94
Hawaiian/Pacific Isl.	0	0	0	0	0
White	38	0	0	0	38
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	3	0	0	0	3
Non-Hispanic	129	0	0	0	129
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	10.00
LPN's	14.00
Certified Aides	35.00
Other Health Staff	4.00
Non-Health Staff	30.00
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
17.5%	68.6%	9.3%	0.0%	4.6%	100.0%		
1,622,165	6,343,431	860,098	0	426,676	9,252,370	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 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 4/4/2019

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 - 2018

Residents on 1/1/2017	11
Total Admissions 2017	1
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4055	69.4%	0	0	0	0	4055	69.4%	69.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4055	69.4%	0	0	0	0	4055	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	6	6	0	0	6	6	12

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		0	12	0	0	0	12
Sheltered Care			0	0	0	0	0
TOTALS	0	0	12	0	0	0	12

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	75.2%	4.0%	0.0%	20.8%	100.0%		
0	367,269	19,642	0	101,533	488,444	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
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 4/4/2019

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 - 2018

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1924	87.9%	0	0	0	0	1924	87.9%	87.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1924	87.9%	0	0	0	0	1924	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%		0.0%	0.0%				
0	350,909	0		56,303		0	0.0%

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

Golden Good Shepherd Home
101 Prairie Mills Road
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 Road
Golden, IL 62339

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	45
Total Discharges 2017	46
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	3
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	32

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	46	46	39	46	32	14	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	39	46	32	14	46	46

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1462	8.7%	4294	25.6%	0	319	5915	0	11990	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	1462	8.7%	4294	25.6%	0	319	5915	0	11990	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	0	19	0	0	0	0	0	0	0	19	19
TOTALS	4	28	0	0	0	0	0	0	4	28	32

Golden Good Shepherd Home
101 Prairie Mills Road
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	10	0	0	15	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	7	10	0	0	15	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	172
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.75
LPN's	7.00
Certified Aides	18.75
Other Health Staff	0.00
Non-Health Staff	12.75
Totals	44.25

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
20.4%	22.5%	0.0%	7.7%	49.4%	100.0%		
472,296	520,365	0	178,812	1,144,931	2,316,404	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
Holland & Knight,LLP, C/O David Fischer
131 S. Dearborn, 30th Floor
Chicago, IL 60603

Date Questionnaire Completed 4/3/2019

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 - 2018

Residents on 1/1/2017	128
Total Admissions 2017	7
Total Discharges 2017	8
Residents on 12/31/2017	127

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	127
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	127

Total Residents Diagnosed as Mentally Ill 64

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	127	8		135
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	135	135	135	135	127	8	0	135

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			46987	95.4%	0	0	0	0	46987	95.4%	95.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	46987	95.4%	0	0	0	0	46987	95.4%	95.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	22	6	0	0	22	6	28
45 to 59	0	0	0	0	33	18	0	0	33	18	51
60 to 64	0	0	0	0	11	7	0	0	11	7	18
65 to 74	0	0	0	0	14	6	0	0	14	6	20
75 to 84	0	0	0	0	5	4	0	0	5	4	9
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	85	42	0	0	85	42	127

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		127	0	0	0	0	127
Sheltered Care			0	0	0	0	0
TOTALS	0	127	0	0	0	0	127

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	250	250
Sheltered Care	0	0

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	36	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	86	0	86
Race Unknown	0	0	0	0	0
Total	0	0	127	0	127

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	13	0	13
Non-Hispanic	0	0	114	0	114
Ethnicity Unknown	0	0	0	0	0
Total	0	0	127	0	127

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	5.00
Certified Aides	31.00
Other Health Staff	12.00
Non-Health Staff	23.00
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
0.0%	92.4%	0.0%	0.0%	7.6%	100.0%		
0	10,169,877	0	0	840,378	11,010,255	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 x4976

Registered Agent Information
Michael P. Duffy
2130 Harrison Street
Quincy, IL 62301

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	197
Total Admissions 2017	299
Total Discharges 2017	335
Residents on 12/31/2017	161

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	15
Mental Illness	40
Developmental Disability	1
Circulatory System	36
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	11
Other Medical Conditions	6
Non-Medical Conditions	2
TOTALS	161

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	147	56	35	203
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	28	28	17	28	14	14		
TOTAL BEDS	231	231	198	231	161	70	35	203

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6553	51.3%	20816	28.1%	0	21	32203	0	59593	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	2171	2535	4706	46.0%	46.0%
TOTALS	6553	51.3%	20816	28.1%	0	21	34374	2535	64299	76.3%	76.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	1	1	10	11
75 to 84	8	27	0	0	0	0	0	4	8	31	39
85+	17	84	0	0	0	0	3	6	20	90	110
TOTALS	26	121	0	0	0	0	3	11	29	132	161

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	49	0	86	0	0	147
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	8	6	14
TOTALS	12	49	0	86	8	6	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	223	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	84	105

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	146	0	0	14	160
Race Unknown	0	0	0	0	0
Total	147	0	0	14	161

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	146	0	0	14	160
Ethnicity Unknown	1	0	0	0	1
Total	147	0	0	14	161

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	26.20
LPN's	22.10
Certified Aides	90.90
Other Health Staff	19.70
Non-Health Staff	117.10
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
18.1%	18.9%	0.0%	0.0%	63.0%	100.0%		
2,913,034	3,046,073	0	0	10,146,431	16,105,538	131,968	0.8%

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

Good Samaritan Society - Geneseo Village
704 S. Illinois St.
Geneseo, IL. 61254

Reference Numbers

Facility ID	6003495	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Doug Williams

Contact Person and Telephone
Doug Williams
309-944-6424

Registered Agent Information

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	43
Total Admissions 2017	82
Total Discharges 2017	82
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	43

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	70	54	70	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	70	54	70	43	29	72	72

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	989	3.8%	7860	29.9%	0	356	7576	0	16781	63.9%	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	989	3.8%	7860	29.9%	0	356	7576	0	16781	63.9%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	10	0	0	0	0	0	0	8	10	18
85+	1	23	0	0	0	0	0	0	1	23	24
TOTALS	9	34	0	0	0	0	0	0	9	34	43

Good Samaritan Society - Geneseo Village
704 S. Illinois St.
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	20	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	1	20	0	0	22	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.68
LPN's	5.79
Certified Aides	19.12
Other Health Staff	0.68
Non-Health Staff	12.78
Totals	42.05

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
18.6%	22.0%	0.0%	0.0%	59.4%	100.0%		
703,776	830,144	0	0	2,243,703	3,777,623	0	0.0%

*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 5/3/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	95
Total Discharges 2017	95
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	3
Developmental Disability	0
Circulatory System	20
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	8
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2595	9.9%	6242	23.8%	0	0	8590	0	17427	66.3%	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	0	0	0	0.0%	0.0%
TOTALS	2595	9.9%	6242	23.8%	0	0	8590	0	17427	66.3%	73.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
85+	5	25	0	0	0	0	0	0	5	25	30
TOTALS	12	37	0	0	0	0	0	0	12	37	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	9	20	0	20	0	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	9	20	0	20	0	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	1.60
Certified Aides	16.49
Other Health Staff	2.15
Non-Health Staff	14.30
Totals	43.54

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
15.4%	41.0%	0.0%	0.0%	43.7%	100.0%		
574,146	1,530,404	0	0	1,630,491	3,735,041	0	0.0%

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

Good Samaritan-Pontiac
1225 South Ewing Drive
Pontiac, IL. 61764

Reference Numbers

Facility ID	6005573	
Health Service Area	004	
Planning Service Area	105	Livingston
County	105	Livingston County

Administrator
Kimberly Wittenberg RN

Contact Person and Telephone
Kimberly Wittenberg RN
815-844-5121

Registered Agent Information
Rick Hiatt
1225 S Ewing Drive

Date Questionnaire Completed 3/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	38
Total Admissions 2017	156
Total Discharges 2017	114
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	7
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	52

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	90	90	0	90	52	38	90	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	90	90	0	90	52	38	90	30

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2828	8.6%	8023	73.3%	0	1574	6106	0	18531	56.4%	56.4%
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	2828	8.6%	8023	73.3%	0	1574	6106	0	18531	56.4%	56.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	18	34	0	0	0	0	0	0	18	34	52

Good Samaritan-Pontiac
1225 South Ewing Drive
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	3	24	0	4	18	3	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	24	0	4	18	3	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	3.10
LPN's	6.00
Certified Aides	27.00
Other Health Staff	4.00
Non-Health Staff	24.00
Totals	66.10

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
43.0%	25.6%	0.0%	1.2%	30.2%	100.0%		
1,859,219	1,108,141	0	51,533	1,304,798	4,323,691	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
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	0	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	16	0	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5653	96.8%	0	0	0	0	5653	96.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5653	96.8%	0	0	0	0	5653	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	136	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	80.6%	1.4%	0.0%	18.0%	100.0%		
0	604,465	10,515	0	135,140	750,120	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 4/15/2019

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	26
Total Admissions 2017	618
Total Discharges 2017	617
Residents on 12/31/2017	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
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	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	2
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	34	32	30	32	0	34	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	0	34	34	34

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	68.5%	126	1.0%	47	450	0	0	9120	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	8497	68.5%	126	1.0%	47	450	0	0	9120	73.5%	78.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	12	15	0	0	0	0	0	0	12	15	27

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	1	0	1	0	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	25	1	0	1	0	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1057	1057
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	20	0	0	0	20
Race Unknown	1	0	0	0	1
Total	27	0	0	0	27

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	27	0	0	0	27

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.40
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	3.00
Certified Aides	13.20
Other Health Staff	10.00
Non-Health Staff	3.00
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
75.6%	1.3%	1.2%	21.8%	0.0%	100.0%		
4,751,157	82,452	77,420	1,371,571	292	6,282,892	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 x2208

Registered Agent Information

Date Questionnaire Completed 3/7/2019

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 - 2018

Residents on 1/1/2017	25
Total Admissions 2017	223
Total Discharges 2017	215
Residents on 12/31/2017	33

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	0
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	8
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	20	20	18	20	17	3	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	20	20	18	20	17	3	32	17

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3504	30.0%	7	0.1%	0	206	12	0	3729	51.1%	51.1%
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	3504	30.0%	7	0.1%	0	206	12	0	3729	51.1%	51.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	4	13	0	0	0	0	0	0	4	13	17

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	2	1	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	14	0	0	2	1	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	505	480
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	17	0	0	0	17
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	11.60
LPN's	1.60
Certified Aides	15.00
Other Health Staff	1.90
Non-Health Staff	0.00
Totals	32.10

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
89.1%	0.0%	0.0%	10.6%	0.3%	100.0%		
538,744	150	0	63,775	1,689	604,358	12,894	2.1%

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

Granite Nursing and Rehabilitation Center
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 4/18/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	150
Total Discharges 2017	151
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	25
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	1
Circulatory System	20
Respiratory System	15
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	79

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	86	86	86	86	79	7	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	79	7	0	86

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3637	0.0%	20035	63.8%	2021	144	3573	0	29410	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	3637	0.0%	20035	63.8%	2021	144	3573	0	29410	93.7%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	1	0	0	0	0	0	0	5	1	6
65 to 74	7	15	0	0	0	0	0	0	7	15	22
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	3	22	0	0	0	0	0	0	3	22	25
TOTALS	27	52	0	0	0	0	0	0	27	52	79

Granite Nursing and Rehabilitation Center
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	54	3	4	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	54	3	4	8	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
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	0.70
LPN's	16.66
Certified Aides	35.00
Other Health Staff	29.46
Non-Health Staff	0.00
Totals	83.82

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
29.3%	50.3%	1.5%	8.7%	10.2%	100.0%		
1,742,828	2,992,317	89,029	516,811	606,267	5,947,252	0	0.0%

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

Greek American Rehab & Care Centre
220 Norht 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
Dino Varnavas

Contact Person and Telephone
Dino Varnavas
847-459-8700 x1017

Registered Agent Information
Peter G Karahalios
220 First Street
Wheeling, IL 60090

Date Questionnaire Completed 3/8/2019

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 - 2018

Residents on 1/1/2017	136
Total Admissions 2017	196
Total Discharges 2017	194
Residents on 12/31/2017	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	33
Mental Illness	0
Developmental Disability	0
Circulatory System	54
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	165	188	138	50	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	165	188	138	50	188	182

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
75 to 84	9	26	0	0	0	0	0	0	9	26	35
85+	20	75	0	0	0	0	0	0	20	75	95
TOTALS	32	106	0	0	0	0	0	0	32	106	138

Greek American Rehab & Care Centre
220 Norht 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	102	0	0	20	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	16	102	0	0	20	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	136	0	0	0	136
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.00
LPN's	20.00
Certified Aides	80.00
Other Health Staff	4.00
Non-Health Staff	60.00
Totals	194.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
		0.0%					
3,668,305	7,394,445		229,340	2,104,935		37,254	

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

Green Tree of Bradley
650 North Kinzie
Bradley, IL. 60915

Reference Numbers

Facility ID	6001085	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
JoMarie Silver

Contact Person and Telephone
JoMarie Silver
815-933-1666

Registered Agent Information
Registered Agent
191 North Wacker
Chicago, IL 60606

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	84
Total Admissions 2017	106
Total Discharges 2017	114
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	22
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	31
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 25

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	0	90	110	76	44	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	0	90	110	76	44	67	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4466	18.3%	24247	55.4%	0	0	2081	0	30794	70.3%	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	4466	18.3%	24247	55.4%	0	0	2081	0	30794	70.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	3	31	0	0	0	0	0	0	3	31	34
TOTALS	18	58	0	0	0	0	0	0	18	58	76

Green Tree of Bradley
650 North Kinzie
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	8	63	0	0	5	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	8	63	0	0	5	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	57	0	0	0	57
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	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	10.00
LPN's	17.00
Certified Aides	33.50
Other Health Staff	7.50
Non-Health Staff	27.50
Totals	98.50

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
35.6%	55.0%	0.0%	2.7%	6.7%	100.0%		
2,415,586	3,724,761	0	186,185	451,741	6,778,273	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
Anthony Rizzato

Contact Person and Telephone
Anthony Rizzato
630-578-7945

Registered Agent Information
Don Hemmesch
10 S. LaSalle Street, Suite #2662
Chicago, IL 60603

Date Questionnaire Completed 3/29/2019

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 - 2018

Residents on 1/1/2017	37
Total Admissions 2017	288
Total Discharges 2017	289
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	1
Mental Illness	4
Developmental Disability	0
Circulatory System	2
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	12
Non-Medical Conditions	1
TOTALS	37

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	43	43	43	43	37	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	43	43	43	43	37	6	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5389	0.0%	157	0.0%	0	1007	7705	0	14258	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	5389	0.0%	157	0.0%	0	1007	7705	0	14258	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
85+	9	15	0	0	0	0	0	0	9	15	24
TOTALS	14	23	0	0	0	0	0	0	14	23	37

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	18	1	0	1	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	0	0	0
TOTALS	18	1	0	1	17	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	484	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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
	0.0%	0.0%					
2,973,310		0	648,921	2,201,432		35,930	

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

Greenville Nursing & Rehabilitation Center
400 East Hillview Avenue
Greenville, IL. 62246

Reference Numbers

Facility ID	6004493	
Health Service Area	005	
Planning Service Area	005	Bond
County	005	Bond County

Administrator
Chris Cox

Contact Person and Telephone
Chris Cox
618-664-1622

Registered Agent Information

Date Questionnaire Completed 5/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	54
Total Discharges 2017	54
Residents on 12/31/2017	61

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	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	4
Other Medical Conditions	20
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	90	90	66	90	61	29	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	66	90	61	29	34	90

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3032	24.4%	13303	40.5%	0	230	5810	0	22375	68.1%	68.1%
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	3032	24.4%	13303	40.5%	0	230	5810	0	22375	68.1%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	19	42	0	0	0	0	0	0	19	42	61

Greenville Nursing & Rehabilitation Center
400 East Hillview Avenue
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	3	17	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	3	17	0	61

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	58	0	0	0	58
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	6.08
LPN's	5.70
Certified Aides	23.40
Other Health Staff	0.00
Non-Health Staff	24.80
Totals	61.98

NET REVENUE BY PAYOR 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%	34.7%	0.0%	1.9%	34.7%	100.0%		
1,402,658	1,694,642	0	90,874	1,694,642	4,882,816	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
Jonathan Burstyn

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 4/15/2019

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	20
Total Discharges 2017	18
Residents on 12/31/2017	90

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	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
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	99	99	96	99	90	9	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	96	99	90	9	99	99

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2391	6.6%	26749	74.0%	672	1116	2952	0	33880	93.8%	93.8%
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	2391	6.6%	26749	74.0%	672	1116	2952	0	33880	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	60	0	0	0	0	0	0	8	60	68
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	12	78	0	0	0	0	0	0	12	78	90

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	25	47	0	6	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	12	25	47	0	6	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	90	0	0	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	80	0	0	0	80
Ethnicity Unknown	6	0	0	0	6
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	5.50
LPN's	9.25
Certified Aides	30.80
Other Health Staff	0.00
Non-Health Staff	24.00
Totals	71.55

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
20.0%	70.0%	0.0%	3.7%	6.4%	100.0%		
1,523,630	5,334,593	0	278,440	485,883	7,622,546	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
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4863	83.3%	0	0	196	0	5059	86.6%	86.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4863	83.3%	0	0	196	0	5059	86.6%	86.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	4	0	0	0	4	4
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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%	78.6%	0.0%	0.0%	21.4%	100.0%		
0	554,841	0	0	151,349	706,190	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
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

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	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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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%	92.0%
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%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	7	8	0	0	7	8	15

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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%	78.1%	0.0%	0.0%	21.9%	100.0%		
0	576,706	0	0	161,755	738,461	0	0.0%

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

Group Home #3
302 Bachmann Lane
Godfrey , IL. 62035

Reference Numbers

Facility ID	6013221	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4880	83.6%	0	0	306	0	5186	88.8%	88.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4880	83.6%	0	0	306	0	5186	88.8%	88.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

Group Home #3
302 Bachmann 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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	7.00
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%	78.1%	0.0%	0.0%	21.9%	100.0%		
0	542,067	0	0	151,782	693,849	0	0.0%

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

Group Home #4
314 Bachmann Lane
Godfrey , IL. 62035

Reference Numbers

Facility ID	6013239	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
Total Discharges 2017	4
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4593	78.6%	0	0	62	0	4655	79.7%	79.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4593	78.6%	0	0	62	0	4655	79.7%	79.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	4	0	0	8	4	12

Group Home #4
314 Bachmann 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	9	0	9
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	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	0.00
Certified Aides	6.00
Other Health Staff	1.00
Non-Health Staff	1.00
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%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	514,968	0	0	126,528	641,496	0	0.0%

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

Group Home #5
308 Bachmann Lane
Godfrey , IL. 62035

Reference Numbers

Facility ID	6013254	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5191	88.9%	0	0	0	0	5191	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5191	88.9%	0	0	0	0	5191	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	1	0	0	0	1	1
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	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 #5
308 Bachmann 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	6.00
Other Health Staff	1.00
Non-Health Staff	1.00
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%	75.8%	0.0%	0.0%	24.2%	100.0%		
0	575,469	0	0	183,462	758,931	0	0.0%

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

Group Home #6
320 Bachmann Lane
Godfrey , IL. 62035

Reference Numbers

Facility ID	6013262	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Krystal L. Gruenenfelder

Contact Person and Telephone
Krystal L. Gruenenfelder
618-466-0367 x820

Registered Agent Information
Nicholas Lynn
190 South LaSalle Street
Chicago, IL 60603

Date Questionnaire Completed 4/18/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5191	88.9%	0	0	0	0	5191	88.9%	88.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5191	88.9%	0	0	0	0	5191	88.9%	88.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
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	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 Bachmann 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	8.00
Other Health Staff	1.00
Non-Health Staff	1.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	0.0%	0.0%	17.0%	100.0%		
0	633,232	0	0	129,574	762,806	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
Dana Ossola-Jung

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	7	0	0	1	7	8
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	6	10	0	0	6	10	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	80.4%	1.9%	0.0%	17.8%	100.0%		
0	547,814	12,641	0	121,175	681,630	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

Registered Agent Information
Richard Lawless Lane
2501 Allenrtown Road
Pekin, IL 61554

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	211
Total Discharges 2017	210
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	3
TOTALS	37

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	71	63	52	63	37	34	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	52	63	37	34	71	26

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	12.1%	5150	54.3%	0	1528	5503	0	15321	59.1%	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	3140	12.1%	5150	54.3%	0	1528	5503	0	15321	59.1%	66.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
85+	5	20	0	0	0	0	0	0	5	20	25
TOTALS	9	28	0	0	0	0	0	0	9	28	37

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	4	13	0	3	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	0	0	0
TOTALS	4	13	0	3	17	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.51
LPN's	5.00
Certified Aides	24.56
Other Health Staff	0.00
Non-Health Staff	20.55
Totals	57.62

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
39.4%	17.4%	0.0%	15.4%	27.8%	100.0%		
1,548,110	684,407	0	605,034	1,093,352	3,930,903	0	0.0%

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

Hamilton Memorial Rehab & Healthcare Ctr
609 S Marshall Ave PO 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 3/1/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	48
Total Discharges 2017	52
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	14
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

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	60	57	52	57	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	57	52	57	45	15	0	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1369	0.0%	8528	38.9%	275	175	6031	217	16595	75.8%	79.8%
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	1369	0.0%	8528	38.9%	275	175	6031	217	16595	75.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	10	35	0	0	0	0	0	0	10	35	45

Hamilton Memorial Rehab & Healthcare Ctr
609 S Marshall Ave PO 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	23	1	0	17	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	23	1	0	17	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	159	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8.00
LPN's	11.00
Certified Aides	30.00
Other Health Staff	9.00
Non-Health Staff	16.00
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
28.1%	42.3%	0.0%	3.1%	26.4%	100.0%		
830,895	1,248,964	0	92,792	779,858	2,952,509	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
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5771	98.8%	0	0	0	0	5771	98.8%	98.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5771	98.8%	0	0	0	0	5771	98.8%	98.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	1	1	2
65 to 74	0	0	0	0	2	4	0	0	2	4	6
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	141
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	80.2%	2.9%	0.0%	16.9%	100.0%		
0	596,220	21,363	0	125,422	743,005	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 4/2/2019

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	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 - 2018

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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4015	73.3%	0	0	0	0	4015	73.3%	73.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	73.3%	0	0	0	0	4015	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	4	0	0	0	4	4
45 to 59	0	0	0	0	0	5	0	0	0	5	5
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	137	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	1.00
Certified Aides	6.00
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	569,914	0	0	0	569,914	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 4/16/2019

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	132
Total Discharges 2017	135
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	8
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	38	38	38	38	33	5	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	33	5	25	4

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.6%	1825	######	0	0	10220	0	13016	93.8%	93.8%
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	971	10.6%	1825	######	0	0	10220	0	13016	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
85+	3	25	0	0	0	0	0	0	3	25	28
TOTALS	4	29	0	0	0	0	0	0	4	29	33

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	26	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	2	5	0	0	26	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Ethnicity Unknown	33	0	0	0	33
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	4.00
LPN's	4.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	2.00
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
14.7%	8.1%	0.0%	77.1%	0.0%	100.0%		
353,954	195,555	0	1,854,566	0	2,404,075	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 3/15/2019

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 - 2018

Residents on 1/1/2017	39
Total Admissions 2017	18
Total Discharges 2017	26
Residents on 12/31/2017	31

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
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	84	84	40	84	31	53	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	40	84	31	53	0	84

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	271	0.0%	5699	18.6%	0	0	6722	0	12692	41.4%	41.4%
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	271	0.0%	5699	18.6%	0	0	6722	0	12692	41.4%	41.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	5	26	0	0	0	0	0	0	5	26	31

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	1	15	0	0	15	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	1	15	0	0	15	0	31

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	31	0	0	0	31
Race Unknown	0	0	0	0	0
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	31	0	0	0	31
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	1.00
LPN's	4.00
Certified Aides	11.00
Other Health Staff	2.00
Non-Health Staff	11.00
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
32.3%	5.4%	0.0%	1.5%	60.8%	100.0%		
627,706	105,730	0	28,829	1,182,788	1,945,053	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
James Slesur
6633 N Lincoln Ave.
Chicago, IL 60712

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	169
Total Admissions 2017	287
Total Discharges 2017	291
Residents on 12/31/2017	165

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	93
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	165

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	172	180	165	15	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	172	180	165	15	180	180

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5459	8.3%	44533	67.8%	1091	2614	5966	0	59663	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	5459	8.3%	44533	67.8%	1091	2614	5966	0	59663	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	0	0	0	0	0	0	6	1	7
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	16	10	0	0	0	0	0	0	16	10	26
75 to 84	19	25	0	0	0	0	0	0	19	25	44
85+	19	57	0	0	0	0	0	0	19	57	76
TOTALS	68	97	0	0	0	0	0	0	68	97	165

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	111	19	5	18	0	165
Skilled Under 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	111	19	5	18	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	33	0	0	0	33
American Indian	0	0	0	0	0
Black	20	0	0	0	20
Hawaiian/Pacific Isl.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	45	0	0	0	45
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	45	0	0	0	45
Non-Hispanic	120	0	0	0	120
Ethnicity Unknown	0	0	0	0	0
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	21.70
Certified Aides	62.07
Other Health Staff	9.63
Non-Health Staff	50.60
Totals	163.00

NET REVENUE BY PAYOR 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%	61.3%	1.0%	7.6%	8.4%	100.0%		
3,058,564	8,688,403	146,516	1,075,451	1,195,133	14,164,067	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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5278	90.4%	0	0	0	0	5278	90.4%	90.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5278	90.4%	0	0	0	0	5278	90.4%	90.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	0	1	0	0	0	1	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.50
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	8.25

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%	78.8%	0.0%	0.0%	21.2%	100.0%		
0	554,305	0	0	149,154	703,459	0	0.0%

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

Hartemayer Home
6300 N. Ridge Ave.
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 DeCarlo

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 3/26/2019

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 - 2018

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 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	14	15	14	1		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	14	15	14	1	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5474	#Div/0!	0	0	0	0	5474	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5474	0.0%	0	0	0	0	5474	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	10	0	0	0	10	0	10
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	14	0	0	0	14	0	14

Hartemayer Home
6300 N. Ridge Ave.
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.36
Physicians	0.08
Director of Nursing	0.25
Registered Nurses	1.61
LPN's	0.25
Certified Aides	13.77
Other Health Staff	5.20
Non-Health Staff	5.18
Totals	26.70

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%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	792,709	0	0	193,950	986,659	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
Sherry Miller

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/18/2019

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 - 2018

Residents on 1/1/2017	56
Total Admissions 2017	75
Total Discharges 2017	74
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 0

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	98	98	63	98	57	41	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	63	98	57	41	18	98

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1164	17.7%	15411	43.1%	0	127	3871	0	20573	57.5%	57.5%
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	1164	17.7%	15411	43.1%	0	127	3871	0	20573	57.5%	57.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	3	2	5
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	8	12	0	0	0	0	0	0	8	12	20
TOTALS	27	30	0	0	0	0	0	0	27	30	57

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	2	44	0	0	11	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	44	0	0	11	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	55	0	0	0	55
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	6.00
LPN's	19.00
Certified Aides	45.00
Other Health Staff	0.00
Non-Health Staff	49.00
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
1.1%	75.4%	0.0%	2.5%	21.0%	100.0%		
28,985	1,973,383	0	64,692	549,190	2,616,250	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. 61834

Reference Numbers

Facility ID	6015317	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Cindy Brazelton

Contact Person and Telephone
Lisa Miller
217-497-1448

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

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	106
Total Admissions 2017	308
Total Discharges 2017	320
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	21
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
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	80	80	79	80	69	11	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	36	60	25	35		
TOTAL BEDS	140	140	115	140	94	46	76	52

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	16	0.1%	18	0.1%	4	0	31	0	69	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	25	0	25	0.1%	0.1%
TOTALS	16	0.1%	18	0.1%	4	0	56	0	94	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	1	0	0	0	0	1	0	6	1	7
75 to 84	3	11	0	0	0	0	0	2	3	13	16
85+	12	35	0	0	0	0	3	19	15	54	69
TOTALS	21	48	0	0	0	0	4	21	25	69	94

Hawthorne Inn of Danville
3222 Independence Dr.
Danville, IL. 61834

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	16	18	4	0	31	0	69
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	25	0	25
TOTALS	16	18	4	0	56	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	140	150

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	66	0	0	25	91
Race Unknown	0	0	0	0	0
Total	69	0	0	25	94

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	15.00
LPN's	9.00
Certified Aides	46.00
Other Health Staff	8.00
Non-Health Staff	47.00
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
36.1%	12.1%	0.4%	1.6%	49.8%	100.0%		
3,267,333	1,095,288	34,314	145,629	4,508,400	9,050,964	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
Ruth Jackson

Contact Person and Telephone
Crystal Noble
815-338-1749 x4039

Registered Agent Information
Jeff Ondrey
920 N. Seminary Ave.
Woodstock, IL 60098

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	84
Total Admissions 2017	253
Total Discharges 2017	266
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	15
Mental Illness	13
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	71

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	75	75	0	75	44	31	73	73
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	63	63	0	63	27	36		
TOTAL BEDS	138	138	0	138	71	67	73	73

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3118	11.7%	5842	21.9%	0	357	5385	0	14702	53.7%	53.7%
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					1095	0	11914	0	13009	56.6%	56.6%
TOTALS	3118	11.7%	5842	21.9%	1095	357	17299	0	27711	55.0%	55.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	3	0	0	0	0	1	2	3	5	8
75 to 84	1	14	0	0	0	0	0	5	1	19	20
85+	3	19	0	0	0	0	2	17	5	36	41
TOTALS	6	38	0	0	0	0	3	24	9	62	71

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	8	17	0	0	19	0	44
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	24	3	27
TOTALS	8	17	0	0	43	3	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	248
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	195	229

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	27	69
Race Unknown	2	0	0	0	2
Total	44	0	0	27	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	42	0	0	27	69
Ethnicity Unknown	0	0	0	0	0
Total	44	0	0	27	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	20.00
Other Health Staff	5.00
Non-Health Staff	52.00
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
34.8%	14.5%	2.6%	2.1%	46.0%	100.0%		
19,276,480	8,014,910	1,452,210	1,154,730	25,484,700	55,383,030	0	0.0%

*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 4/19/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	160
Total Discharges 2017	156
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	12
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	64

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	71	71	71	71	64	7	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	71	71	64	7	71	56

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
85+	14	39	0	0	0	0	0	0	14	39	53
TOTALS	20	44	0	0	0	0	0	0	20	44	64

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	9	20	0	1	34	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	9	20	0	1	34	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	11.00
Certified Aides	26.00
Other Health Staff	28.00
Non-Health Staff	0.00
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
35.5%	22.6%	0.8%	0.8%	40.3%	100.0%		
1,801,152	1,145,251	39,106	40,865	2,044,705	5,071,079	0	0.0%

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

Heartland Manor Inc Nursing Center
410 NW 3rd Street
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 6/9/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	46
Total Admissions 2017	45
Total Discharges 2017	46
Residents on 12/31/2017	45

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	9
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	9
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	81	81	52	81	45	36	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	52	81	45	36	35	71

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2548	19.9%	6294	24.3%	0	179	8377	0	17398	58.8%	58.8%
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	2548	19.9%	6294	24.3%	0	179	8377	0	17398	58.8%	58.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	8	0	0	0	0	0	0	2	8	10
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	13	32	0	0	0	0	0	0	13	32	45

Heartland Manor Inc Nursing Center
410 NW 3rd Street
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	17	0	0	22	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	6	17	0	0	22	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	26.00
Other Health Staff	2.00
Non-Health Staff	25.00
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
37.7%	23.8%	0.0%	0.0%	38.5%	100.0%		
1,365,013	863,434	0	0	1,392,291	3,620,738	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 3/15/2019

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 - 2018

Residents on 1/1/2017	64
Total Admissions 2017	359
Total Discharges 2017	355
Residents on 12/31/2017	68

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	17
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	9
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	68

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	84	73	73	72	68	16	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	73	73	72	68	16	84	38

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4962	16.2%	12318	88.8%	0	2066	5051	0	24397	79.6%	91.6%
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	4962	16.2%	12318	88.8%	0	2066	5051	0	24397	79.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	5	8	13
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	26	42	0	0	0	0	0	0	26	42	68

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	14	35	0	5	14	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	35	0	5	14	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	197
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	0	0	0	1
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
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	5.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	7.00
Non-Health Staff	26.00
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
43.1%	26.4%	0.0%	13.7%	16.8%	100.0%		
1,619,929	991,992	0	517,016	631,829	3,760,766	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
Sue Legner

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 3/15/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	250
Total Discharges 2017	249
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	12
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
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	92	71	91	61	33	62	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	94	92	71	91	61	33	62	40

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3634	16.1%	8718	59.7%	0	1259	9280	0	22891	66.7%	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	3634	16.1%	8718	59.7%	0	1259	9280	0	22891	66.7%	68.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
65 to 74	3	4	0	0	0	0	0	0	3	4	7
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	18	43	0	0	0	0	0	0	18	43	61

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	22	0	1	28	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	22	0	1	28	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	336	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	22.00
Other Health Staff	6.00
Non-Health Staff	24.00
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
32.1%	22.0%	0.0%	11.1%	34.9%	100.0%		
1,018,585	699,741	0	351,197	1,108,203	3,177,726	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 3/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	246
Total Discharges 2017	253
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	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	61

Total Residents Diagnosed as Mentally Ill 46

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	80	74	73	73	61	19	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	73	73	61	19	80	80

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4272	14.6%	15304	52.4%	0	1344	4020	0	24940	85.4%	92.3%
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	4272	14.6%	15304	52.4%	0	1344	4020	0	24940	85.4%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	5	0	0	0	0	0	0	8	5	13
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	22	39	0	0	0	0	0	0	22	39	61

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	9	38	0	2	12	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	9	38	0	2	12	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	339	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	19.00
Other Health Staff	6.00
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
37.8%	36.4%	0.0%	12.1%	13.7%	100.0%		
1,341,057	1,293,909	0	429,340	487,398	3,551,704	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 3/15/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	920
Total Discharges 2017	919
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	23
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	95

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	149	135	113	135	95	54	149	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	149	135	113	135	95	54	149	73

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7132	13.1%	8830	33.1%	0	6104	13886	0	35952	66.1%	73.0%
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	7132	13.1%	8830	33.1%	0	6104	13886	0	35952	66.1%	73.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	4	0	0	0	0	0	0	5	4	9
65 to 74	5	9	0	0	0	0	0	0	5	9	14
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	35	60	0	0	0	0	0	0	35	60	95

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	12	26	0	14	43	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	12	26	0	14	43	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	92	0	0	0	92
Race Unknown	1	0	0	0	1
Total	95	0	0	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	94	0	0	0	94
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	7.00
LPN's	13.00
Certified Aides	39.00
Other Health Staff	13.00
Non-Health Staff	37.00
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
34.0%	11.2%	0.0%	24.5%	30.3%	100.0%		
2,235,531	734,403	0	1,609,829	1,989,177	6,568,940	0	0.0%

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

Heather Health Care Center, Inc.
15600 Honore
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
Jonathan Dixon
708-333-9550

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

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	141
Total Admissions 2017	113
Total Discharges 2017	120
Residents on 12/31/2017	134

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	53
Developmental Disability	0
Circulatory System	23
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	43
Non-Medical Conditions	0
TOTALS	134

Total Residents Diagnosed as Mentally Ill 53

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	163	151	163	134	39	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	163	151	163	134	39	173	173

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2383	3.8%	47188	74.7%	1395	42	1114	0	52122	82.5%	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	2383	3.8%	47188	74.7%	1395	42	1114	0	52122	82.5%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	10	7	17
45 to 59	33	10	0	0	0	0	0	0	33	10	43
60 to 64	16	10	0	0	0	0	0	0	16	10	26
65 to 74	17	14	0	0	0	0	0	0	17	14	31
75 to 84	7	4	0	0	0	0	0	0	7	4	11
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	86	48	0	0	0	0	0	0	86	48	134

Heather Health Care Center, Inc.
15600 Honore
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	1	125	4	4	0	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	1	125	4	4	0	0	134

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	81	0	0	0	81
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
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	12	0	0	0	12
Non-Hispanic	122	0	0	0	122
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	2.58
LPN's	16.15
Certified Aides	37.12
Other Health Staff	0.00
Non-Health Staff	35.83
Totals	93.68

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
17.2%	79.2%	1.7%	0.2%	1.8%	100.0%		
1,576,221	7,276,506	156,454	18,384	161,167	9,188,732	0	0.0%

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

Heddington Oaks
2223 West Heading Ave.
West Peoria , IL. 61604

Reference Numbers

Facility ID	6000814	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Wade Cies

Contact Person and Telephone
Jodi Noe
309-636-3513

Registered Agent Information
Andrew Rand
324 Main St. - Room 502
Peoria, IL 61604

Date Questionnaire Completed 4/24/2019

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 - 2018

Residents on 1/1/2017	157
Total Admissions 2017	232
Total Discharges 2017	244
Residents on 12/31/2017	145

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	11
Mental Illness	20
Developmental Disability	1
Circulatory System	22
Respiratory System	15
Digestive System	4
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	16
Non-Medical Conditions	3
TOTALS	145

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	0	145	214	145	69	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	0	145	214	145	69	214	169

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	81	0.1%	0	51	0	0	145	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	13	0.0%	81	0.1%	0	51	0	0	145	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	8	20	0	0	0	0	0	0	8	20	28
75 to 84	17	30	0	0	0	0	0	0	17	30	47
85+	9	51	0	0	0	0	0	0	9	51	60
TOTALS	40	105	0	0	0	0	0	0	40	105	145

Heddington Oaks
2223 West Heading Ave.
West 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	13	81	0	0	51	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	13	81	0	0	51	0	145

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	117	0	0	0	117
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

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	0.70
Physicians	2.00
Director of Nursing	18.48
Registered Nurses	17.67
LPN's	62.22
Certified Aides	2.06
Other Health Staff	58.76
Non-Health Staff	160.89
Totals	322.78

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%					
2,499,112	7,281,725		224,513	2,373,379		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, Suite 200
Springfield, IL 62704

Date Questionnaire Completed 4/2/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	104
Total Discharges 2017	107
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	33
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	17
TOTALS	65

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	122	122	78	122	65	57	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	78	122	65	57	120	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2647	6.0%	21148	48.3%	77	458	1127	0	25457	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	2647	6.0%	21148	48.3%	77	458	1127	0	25457	57.2%	57.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	11	0	0	0	0	0	0	8	11	19
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	5	3	0	0	0	0	0	0	5	3	8
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	33	32	0	0	0	0	0	0	33	32	65

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	4	53	0	2	6	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	53	0	2	6	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	239	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	30	0	0	0	30
Hawaiian/Pacific Isl.	0	0	0	0	0
White	35	0	0	0	35
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	2	0	0	0	2
Non-Hispanic	63	0	0	0	63
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	5.00
LPN's	11.00
Certified Aides	27.00
Other Health Staff	11.00
Non-Health Staff	17.00
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
21.0%	71.8%	0.2%	3.1%	3.9%	100.0%		
1,634,000	5,582,000	19,000	238,000	300,000	7,773,000	0	0.0%

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

Helia Healthcare Of Champaign
1915 S. 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
Jeff Baker
217-318-1099

Registered Agent Information
Steve Miller
1140 Lake Street, Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 3/1/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	191
Total Discharges 2017	156
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	59

Total Residents Diagnosed as Mentally Ill 28

Total Residents Reported as Identified Offenders 54

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

LEVEL OF CARE	LICENSED 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	70	68	70	59	59	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	70	68	70	59	59	118	118

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2373	5.5%	11633	27.0%	0	1494	3675	0	19175	44.5%	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	2373	5.5%	11633	27.0%	0	1494	3675	0	19175	44.5%	75.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	7	2	9
60 to 64	2	3	0	0	0	0	0	0	2	3	5
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	19	40	0	0	0	0	0	0	19	40	59

Helia Healthcare Of Champaign
1915 S. 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	38	0	3	8	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	10	38	0	3	8	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	46	0	0	0	46
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	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	5.00
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
31.7%	33.6%	2.5%	10.5%	21.7%	100.0%		
1,286,000	1,364,000	101,000	426,000	879,000	4,056,000	0	0.0%

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

Helia Healthcare of Effingham-Evergreen Nursing
1115 N Wenthe 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 3/29/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	111
Total Discharges 2017	116
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	63

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	120	90	0	90	63	57	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	63	57	120	120

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5308	12.1%	15269	34.9%	0	18	6614	0	27209	62.1%	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	5308	12.1%	15269	34.9%	0	18	6614	0	27209	62.1%	82.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	19	44	0	0	0	0	0	0	19	44	63

Helia Healthcare of Effingham-Evergreen Nursing
1115 N Wenthe 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	4	42	0	1	16	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	1	16	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	16.00
Certified Aides	39.00
Other Health Staff	3.00
Non-Health Staff	29.00
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
42.9%	36.6%	0.0%	1.7%	18.8%	100.0%		
1,630,000	1,392,000	0	63,000	715,000	3,800,000	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
618-942-7014

Registered Agent Information
Steve Miller
1140 Lake St Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	272
Total Discharges 2017	282
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	3
Circulatory System	10
Respiratory System	2
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	1
Other Medical Conditions	1
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	91	0	0	0	53	38	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	0	0		
TOTAL BEDS	91	0	0	0	53	38	84	91

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8113	26.5%	9902	29.8%	541	1530	1649	0	21735	65.4%	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	8113	26.5%	9902	29.8%	541	1530	1649	0	21735	65.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	15	0	0	0	0	0	0	3	15	18
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	3	23	0	0	0	0	0	0	3	23	26
TOTALS	14	49	0	0	0	0	0	0	14	49	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	18	24	0	5	6	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	18	24	0	5	6	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	154	146
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	11.00
LPN's	7.00
Certified Aides	30.00
Other Health Staff	2.00
Non-Health Staff	17.00
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
65.1%	18.5%	0.0%	8.4%	7.9%	100.0%		
4,032,000	1,146,000	0	523,000	489,000	6,190,000	0	0.0%

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

Helia Healthcare of Jerseyville
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 3/29/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	134
Total Discharges 2017	133
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	11
Other Medical Conditions	9
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	111	111	88	111	81	30	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	88	111	81	30	111	111

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4216	10.4%	16181	39.9%	0	609	10918	0	31924	78.8%	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	4216	10.4%	16181	39.9%	0	609	10918	0	31924	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	4	40	0	0	0	0	0	0	4	40	44
TOTALS	17	64	0	0	0	0	0	0	17	64	81

Helia Healthcare of Jerseyville
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	9	42	0	4	26	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	9	42	0	4	26	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	174	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	5.00
LPN's	7.00
Certified Aides	34.00
Other Health Staff	6.00
Non-Health Staff	19.00
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
35.7%	32.9%	1.8%	3.3%	26.3%	100.0%		
2,380,000	2,196,000	121,000	219,000	1,754,000	6,670,000	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 3/20/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	136
Total Discharges 2017	131
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	11
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	5
Other Medical Conditions	10
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	118	101	81	101	75	43	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	81	101	75	43	118	118

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	8.5%	19008	44.1%	1198	516	2212	0	26602	61.8%	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	3668	8.5%	19008	44.1%	1198	516	2212	0	26602	61.8%	72.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	7	0	0	0	0	0	0	2	7	9
65 to 74	8	12	0	0	0	0	0	0	8	12	20
75 to 84	9	19	0	0	0	0	0	0	9	19	28
85+	2	10	0	0	0	0	0	0	2	10	12
TOTALS	24	51	0	0	0	0	0	0	24	51	75

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	6	53	4	3	9	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	6	53	4	3	9	0	75

AVERAGE DAILY PAYMENT RATES

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

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	0	74
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	8.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	3.00
Non-Health Staff	14.00
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
40.8%	47.7%	0.6%	4.5%	6.3%	100.0%		
1,986,000	2,325,000	31,000	219,000	309,000	4,870,000	0	0.0%

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

Helia of Benton
1310 Mark 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
312-9982306

Registered Agent Information

Date Questionnaire Completed 3/28/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	128
Total Discharges 2017	125
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	67	83	64	19	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	67	83	64	19	64	65

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4379	18.7%	10700	45.1%	1150	695	5278	0	22202	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	4379	18.7%	10700	45.1%	1150	695	5278	0	22202	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	7	0	0	0	0	0	0	1	7	8
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	11	53	0	0	0	0	0	0	11	53	64

Helia of Benton
1310 Mark 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	13	24	6	1	20	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	13	24	6	1	20	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	139
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	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	5.00
LPN's	4.00
Certified Aides	19.50
Other Health Staff	1.00
Non-Health Staff	10.25
Totals	41.75

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
49.0%	29.8%	0.3%	5.2%	15.8%	100.0%		
2,373,000	1,443,000	13,000	252,000	766,000	4,847,000	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
OakPark, IL 60301

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	410
Total Discharges 2017	418
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	15
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	0
Circulatory System	20
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 45

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	96	140	96	60	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	96	140	96	60	156	156

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5710	10.0%	21026	36.9%	1774	3702	1942	0	34154	60.0%	66.8%
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	5710	10.0%	21026	36.9%	1774	3702	1942	0	34154	60.0%	66.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
65 to 74	8	16	0	0	0	0	0	0	8	16	24
75 to 84	6	21	0	0	0	0	0	0	6	21	27
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	29	67	0	0	0	0	0	0	29	67	96

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	14	58	10	9	5	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	58	10	9	5	0	96

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	50	0	0	0	50
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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.50
LPN's	14.50
Certified Aides	38.50
Other Health Staff	0.00
Non-Health Staff	35.00
Totals	96.50

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
37.0%	38.9%	3.2%	16.1%	4.8%	100.0%		
3,071,000	3,232,000	265,000	1,337,000	395,000	8,300,000	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

Reference Numbers

Facility ID	6012066	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Henderson County

Administrator
Valerie A. Lybarger-Adams

Contact Person and Telephone
Dianne R. Kircher
309-924-1123

Registered Agent Information

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	37
Total Admissions 2017	65
Total Discharges 2017	62
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	0
Circulatory System	4
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	40

Total Residents Diagnosed as Mentally Ill 5

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	48	58	40	18	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	48	58	40	18	60	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1470	6.7%	4492	20.5%	0	0	8508	0	14470	68.4%	68.4%
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	1470	6.7%	4492	20.5%	0	0	8508	0	14470	68.4%	68.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	2	1	3
75 to 84	1	6	0	0	0	0	0	0	1	6	7
85+	5	24	0	0	0	0	0	0	5	24	29
TOTALS	9	31	0	0	0	0	0	0	9	31	40

Henderson County Retirement Center, Inc.
604 Oakwood Drive

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	4	17	0	0	19	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	17	0	0	19	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
LPN's	4.00
Certified Aides	16.00
Other Health Staff	2.00
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
17.6%	27.7%	0.0%	3.8%	51.0%	100.0%		
413,948	652,796	0	88,388	1,201,514	2,356,646	0	0.0%

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

Henry and Jane Vonderleith Living Center
1120 N Topper Drive
Mount Pulaski, IL. 62546

Reference Numbers

Facility ID	6003917	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Donna Kinkade

Contact Person and Telephone
Donna Kinkade
217-792-3216

Registered Agent Information
Jim Hild
6923 N Mount Pulaski Road
Illiopolis, IL 62539

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	45
Total Discharges 2017	53
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	29
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
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	90	0	0	84	62	28	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	0	0	84	62	28	0	90

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1766	0.0%	12057	36.7%	0	0	9644	0	23467	71.4%	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	1766	0.0%	12057	36.7%	0	0	9644	0	23467	71.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
85+	10	43	0	0	0	0	0	0	10	43	53
TOTALS	13	49	0	0	0	0	0	0	13	49	62

Henry and Jane Vonderleith Living Center
1120 N Topper Drive
Mount Pulaski, IL. 62546

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	32	0	0	24	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	6	32	0	0	24	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.00
Director of Nursing	1.00
Registered Nurses	4.43
LPN's	9.18
Certified Aides	24.73
Other Health Staff	22.21
Non-Health Staff	7.74
Totals	70.29

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
23.8%	33.5%	0.0%	0.0%	42.6%	100.0%		
1,151,047	1,622,334	0	0	2,062,268	4,835,649	0	0.0%

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

Herbstritt House
6300 North 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
Joseph 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 3/14/2019

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 - 2018

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 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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4015	91.7%	0	0	365	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	91.7%	0	0	365	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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 North 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.22
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	8.85
Other Health Staff	3.91
Non-Health Staff	0.22
Totals	13.39

NET REVENUE BY PAYOR SOURCE (Fiscal 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	575,781	0	0	185,074	760,855	0	0.0%

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

Heritage Health
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 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	74
Total Admissions 2017	201
Total Discharges 2017	199
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	15
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	4
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	76

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	106	106	89	98	76	30	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	89	98	76	30	106	70

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.1%	17081	66.9%	0	0	7856	0	27672	71.5%	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	2735	7.1%	17081	66.9%	0	0	7856	0	27672	71.5%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	12	0	0	0	0	0	0	9	12	21
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	21	55	0	0	0	0	0	0	21	55	76

Heritage Health
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	9	48	0	0	19	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	9	48	0	0	19	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	258	321

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	1.00
Registered Nurses	6.00
LPN's	7.28
Certified Aides	26.00
Other Health Staff	2.36
Non-Health Staff	26.55
Totals	70.19

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
25.9%	42.3%	0.0%	0.0%	31.8%	100.0%		
1,688,569	2,758,647	0	0	2,076,067	6,523,283	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
300 E Mazon Ave
Dwight, IL. 60420

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 61702

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	74
Total Admissions 2017	145
Total Discharges 2017	149
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	2
Mental Illness	12
Developmental Disability	0
Circulatory System	27
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	70

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	92	92	82	92	70	22	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	82	92	70	22	19	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2285	32.9%	16692	49.7%	0	0	7465	0	26442	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	2285	32.9%	16692	49.7%	0	0	7465	0	26442	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	4	35	0	0	0	0	0	0	4	35	39
TOTALS	21	49	0	0	0	0	0	0	21	49	70

Heritage Health
300 E Mazon Ave
Dwight, IL. 60420

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	5	40	0	0	25	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	40	0	0	25	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	10.00
LPN's	3.00
Certified Aides	29.00
Other Health Staff	1.00
Non-Health Staff	29.00
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
23.9%	44.6%	0.0%	31.5%	0.0%	100.0%		
1,358,171	2,541,119	0	1,793,068	0	5,692,358	0	0.0%

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

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 4/19/2019

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 - 2018

Residents on 1/1/2017	57
Total Admissions 2017	100
Total Discharges 2017	94
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	24
Developmental Disability	0
Circulatory System	4
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	63

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	85	85	64	85	63	22	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	63	22	85	85

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2091	6.7%	11950	38.5%	752	0	8149	0	22942	73.9%	73.9%
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	2091	6.7%	11950	38.5%	752	0	8149	0	22942	73.9%	73.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	7	10	0	0	0	0	0	0	7	10	17
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	14	49	0	0	0	0	0	0	14	49	63

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	29	0	0	26	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	29	0	0	26	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	213
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	6.60
LPN's	5.80
Certified Aides	27.40
Other Health Staff	3.30
Non-Health Staff	15.62
Totals	60.72

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
27.2%	32.4%	2.3%	0.0%	38.1%	100.0%		
1,495,206	1,777,443	127,764	0	2,090,365	5,490,778	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 4/16/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	71
Total Discharges 2017	73
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	21
Developmental Disability	0
Circulatory System	9
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	63

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	79	0	0	0	63	16	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	0	0	0	63	16	79	79

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1352	4.7%	16627	57.7%	0	0	6977	0	24956	86.5%	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	1352	4.7%	16627	57.7%	0	0	6977	0	24956	86.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

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	5	40	0	0	18	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	40	0	0	18	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	191
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.70
LPN's	7.60
Certified Aides	30.10
Other Health Staff	4.00
Non-Health Staff	25.50
Totals	74.90

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
19.1%	45.9%	0.0%	0.0%	34.9%	100.0%		
834,310	2,001,560	0	0	1,521,748	4,357,618	0	0.0%

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

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 4/9/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	75
Total Discharges 2017	61
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	51
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	1
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	94	94	77	94	76	18	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	77	94	76	18	94	94

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2894	8.4%	18256	53.2%	0	0	4171	0	25321	73.8%	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	2894	8.4%	18256	53.2%	0	0	4171	0	25321	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	8	15	0	0	0	0	0	0	8	15	23
85+	9	36	0	0	0	0	0	0	9	36	45
TOTALS	19	57	0	0	0	0	0	0	19	57	76

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	12	61	0	0	3	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	61	0	0	3	0	76

AVERAGE DAILY PAYMENT RATES

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

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	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	7	0	0	0	7
Non-Hispanic	69	0	0	0	69
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	4.00
Certified Aides	32.00
Other Health Staff	15.00
Non-Health Staff	18.00
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
35.0%	50.7%	0.0%	0.0%	14.3%	100.0%		
2,356,695	3,409,647	0	0	960,089	6,726,431	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 4/4/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	51
Total Admissions 2017	53
Total Discharges 2017	53
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	8
Other Medical Conditions	19
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	60	55	51	55	51	9	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	55	51	55	51	9	60	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1695	7.7%	13043	59.6%	0	0	4296	0	19034	86.9%	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	1695	7.7%	13043	59.6%	0	0	4296	0	19034	86.9%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
75 to 84	8	15	0	0	0	0	0	0	8	15	23
85+	4	19	0	0	0	0	0	0	4	19	23
TOTALS	15	36	0	0	0	0	0	0	15	36	51

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	2	33	0	0	16	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	2	33	0	0	16	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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
30.9%	45.6%	0.0%	0.0%	23.5%	100.0%		
1,288,465	1,899,000	0	0	980,553	4,168,018	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 4/15/2019

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	129
Total Admissions 2017	191
Total Discharges 2017	202
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	16
Mental Illness	20
Developmental Disability	0
Circulatory System	26
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	28
Injuries and Poisonings	5
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	118

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	175	175	123	126	107	68	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	13	24	11	13		
TOTAL BEDS	199	199	136	150	118	81	175	175

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5634	8.8%	19323	30.3%	0	0	16921	0	41878	65.6%	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	1256	0	1256	14.3%	14.3%
TOTALS	5634	8.8%	19323	30.3%	0	0	18177	0	43134	59.4%	59.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	3	0	0	0	0	1	0	3	3	6
75 to 84	7	13	0	0	0	0	1	4	8	17	25
85+	20	59	0	0	0	0	0	5	20	64	84
TOTALS	30	77	0	0	0	0	2	9	32	86	118

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	17	50	0	0	40	0	107
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	17	50	0	0	51	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	204	193
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	99	121

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled 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	107	0	0	10	117
Race Unknown	0	0	0	0	0
Total	107	0	0	11	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	107	0	0	11	118
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	11	118

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.79
LPN's	13.98
Certified Aides	58.59
Other Health Staff	5.77
Non-Health Staff	45.72
Totals	134.85

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
35.5%	26.4%	0.0%	0.0%	38.1%	100.0%		
3,775,044	2,799,629	0	0	4,049,374	10,624,047	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 - 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 4/16/2019

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 - 2018

Residents on 1/1/2017	38
Total Admissions 2017	53
Total Discharges 2017	62
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	7
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	49	49	49	49	23	26	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	6	17		
TOTAL BEDS	72	72	72	72	29	43	49	49

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1215	6.8%	3771	21.1%	0	0	5734	0	10720	59.9%	59.9%
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	1964	0	1964	23.4%	23.4%
TOTALS	1215	6.8%	3771	21.1%	0	0	7698	0	12684	48.3%	48.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	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	6	3	9	12
85+	0	14	0	0	0	0	0	0	0	14	14
TOTALS	3	20	0	0	0	0	0	6	3	26	29

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	1	8	0	0	14	0	23
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	1	8	0	0	20	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	236	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	80	80

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6	29
Race Unknown	0	0	0	0	0
Total	23	0	0	6	29

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	23	0	0	6	29
Ethnicity Unknown	0	0	0	0	0
Total	23	0	0	6	29

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	16.00
Other Health Staff	0.00
Non-Health Staff	21.00
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
28.7%	20.3%	0.0%	0.0%	51.0%	100.0%		
871,459	616,388	0	0	1,547,306	3,035,153	0	0.0%

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

Heritage Health - Pana
1000 East Sixth Street
Pana, IL. 62557

Reference Numbers

Facility ID	6000707	
Health Service Area	003	
Planning Service Area	021	Christian
County	021	Christian County

Administrator
Carl Portz LNHA

Contact Person and Telephone
Rabecca Howard
800-937-1313

Registered Agent Information
Benjamin A. Hart
115 West Jefferson Street
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	98
Total Admissions 2017	149
Total Discharges 2017	149
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	2
Circulatory System	13
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	5
Other Medical Conditions	19
Non-Medical Conditions	1
TOTALS	98

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	128	128	98	0	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	0	98	30	128	128

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6381	13.7%	23619	50.6%	0	0	6131	0	36131	77.3%	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	6381	13.7%	23619	50.6%	0	0	6131	0	36131	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	1	0	0	0	0	0	0	3	1	4
65 to 74	7	7	0	0	0	0	0	0	7	7	14
75 to 84	13	10	0	0	0	0	0	0	13	10	23
85+	17	38	0	0	0	0	0	0	17	38	55
TOTALS	41	57	0	0	0	0	0	0	41	57	98

Heritage Health - Pana
1000 East Sixth 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	10	68	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	10	68	0	2	18	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	97	0	0	0	97
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	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	5.75
LPN's	14.00
Certified Aides	42.50
Other Health Staff	5.00
Non-Health Staff	39.75
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
46.7%	38.9%	0.0%	0.0%	14.4%	100.0%		
4,117,161	3,430,051	0	0	1,271,290	8,818,502	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 - Walnut
308 S. 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
Ben Hart
115 W. Jefferson Street - Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/7/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	63
Total Discharges 2017	69
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	2
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	47

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	62	62	47	62	47	15	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	47	62	47	15	0	62

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1644	0.0%	10435	46.1%	0	0	5630	0	17709	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	1644	0.0%	10435	46.1%	0	0	5630	0	17709	78.3%	78.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	7	17	0	0	0	0	0	0	7	17	24
TOTALS	13	34	0	0	0	0	0	0	13	34	47

Heritage Health - Walnut
308 S. 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	3	27	0	2	15	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	27	0	2	15	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	199
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	5.04
LPN's	7.73
Certified Aides	24.17
Other Health Staff	0.00
Non-Health Staff	21.20
Totals	60.14

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
25.2%	40.6%	0.0%	0.0%	34.2%	100.0%		
969,967	1,558,910	0	0	1,314,358	3,843,235	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 El Paso
555 East Clay Street
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 West Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	50
Total Admissions 2017	104
Total Discharges 2017	98
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	20
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	1
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	65	64	59	64	56	9	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	64	59	64	56	9	65	65

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	656	2.8%	14685	61.9%	0	0	4494	0	19835	83.6%	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	656	2.8%	14685	61.9%	0	0	4494	0	19835	83.6%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	1	15	0	0	0	0	0	0	1	15	16
85+	7	24	0	0	0	0	0	0	7	24	31
TOTALS	12	44	0	0	0	0	0	0	12	44	56

Heritage Health El Paso
555 East Clay Street
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	1	43	0	0	12	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	43	0	0	12	0	56

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	53	0	0	0	53
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	3.00
LPN's	3.50
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	19.50
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
16.1%	56.3%	0.0%	0.0%	27.7%	100.0%		
648,424	2,269,563	0	0	1,116,494	4,034,481	442	0.0%

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

Heritage Health Gillespie
7588 Staunton Rd
Gillespie, IL. 62033

Reference Numbers

Facility ID	6000681	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Kimberly Schardan

Contact Person and Telephone
Kimberly Schardan
217-839-2171

Registered Agent Information

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	104
Total Discharges 2017	105
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	5
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	64	100	64	36	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	64	100	64	36	100	100

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	6.4%	10959	30.0%	0	0	9121	0	22422	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	2342	6.4%	10959	30.0%	0	0	9121	0	22422	61.4%	61.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	4	0	0	0	0	0	0	0	4	4
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	17	47	0	0	0	0	0	0	17	47	64

Heritage Health Gillespie
7588 Staunton Rd
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	10	30	0	0	24	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	10	30	0	0	24	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.60
LPN's	13.80
Certified Aides	25.00
Other Health Staff	4.00
Non-Health Staff	20.60
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
28.2%	32.8%	0.0%	0.0%	39.0%	100.0%		
1,356,009	1,576,498	0	0	1,875,620	4,808,127	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 Litchfield
628 South Illinois
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 4/8/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	105
Total Discharges 2017	99
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	18
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	92	92	67	91	67	25	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	67	91	67	25	92	92

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3160	9.4%	13428	40.0%	0	0	6355	0	22943	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	3160	9.4%	13428	40.0%	0	0	6355	0	22943	68.3%	68.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
85+	14	35	0	0	0	0	0	0	14	35	49
TOTALS	23	44	0	0	0	0	0	0	23	44	67

Heritage Health Litchfield
628 South Illinois
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	33	0	0	17	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	17	33	0	0	17	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.50
LPN's	7.32
Certified Aides	30.20
Other Health Staff	6.36
Non-Health Staff	13.11
Totals	61.49

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
35.7%	38.3%	0.0%	0.0%	26.1%	100.0%		
1,831,306	1,965,142	0	0	1,337,886	5,134,334	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 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 4/18/2019

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 - 2018

Residents on 1/1/2017	118
Total Admissions 2017	461
Total Discharges 2017	456
Residents on 12/31/2017	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	2
Blood Disorders	24
*Nervous System Non Alzheimer	0
Alzheimer Disease	12
Mental Illness	48
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 48

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	141	123	123	123	123	18	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	123	123	123	123	18	118	91

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2963	6.9%	18722	56.4%	0	0	20488	0	42173	81.9%	93.9%
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	2963	6.9%	18722	56.4%	0	0	20488	0	42173	81.9%	93.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	8	0	0	0	0	0	0	12	8	20
85+	22	69	0	0	0	0	0	0	22	69	91
TOTALS	40	83	0	0	0	0	0	0	40	83	123

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	31	0	0	77	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	15	31	0	0	77	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	318	226
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	119	0	0	0	119
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

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

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	14.60
Certified Aides	72.00
Other Health Staff	11.00
Non-Health Staff	50.00
Totals	171.60

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
17.0%	28.3%	0.0%	0.0%	54.7%	100.0%		
1,738,516	2,885,362	0	0	5,573,823	10,197,701	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 of Hoopeston
423 North Dixie Highway
Hoopeston, IL. 60942

Reference Numbers

Facility ID	6004592	
Health Service Area	004	
Planning Service Area	183	Vermilion
County	183	Vermilion County

Administrator
Steven Hart

Contact Person and Telephone
Steven Hart
309-262-2701

Registered Agent Information
Benjamin Hart
115 W Jefferson, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/11/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	136
Total Discharges 2017	140
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	19
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
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	75	75	75	75	70	5	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	70	5	75	67

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.5%	15046	61.5%	0	0	9467	0	26575	97.1%	97.1%
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	2062	7.5%	15046	61.5%	0	0	9467	0	26575	97.1%	97.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	3	6	9
75 to 84	10	18	0	0	0	0	0	0	10	18	28
85+	9	23	0	0	0	0	0	0	9	23	32
TOTALS	22	48	0	0	0	0	0	0	22	48	70

Heritage Health of Hoopeston
423 North 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	38	0	5	24	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	3	38	0	5	24	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8.60
LPN's	4.70
Certified Aides	31.60
Other Health Staff	1.70
Non-Health Staff	21.60
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
22.6%	38.0%	0.0%	0.0%	39.4%	100.0%		
1,236,103	2,083,112	0	0	2,157,647	5,476,862	0	0.0%

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

Heritage Health Robinson
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 4/10/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	61
Total Discharges 2017	50
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	5
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	1
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	52

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	67	0	0	67	52	15	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	52	15	73	73

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2185	8.2%	9736	36.5%	0	0	5326	0	17247	70.5%	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	2185	8.2%	9736	36.5%	0	0	5326	0	17247	70.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	18	34	0	0	0	0	0	0	18	34	52

Heritage Health Robinson
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	24	0	0	22	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	6	24	0	0	22	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.06
LPN's	3.00
Certified Aides	10.99
Other Health Staff	0.00
Non-Health Staff	19.44
Totals	40.49

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
39.2%	34.4%	26.4%	0.0%	0.0%	100.0%		
1,362,064	1,195,597	918,923	0	0	3,476,584	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 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
Maryann Walker

Contact Person and Telephone
Maryann Walker
217-789-0930

Registered Agent Information
Ben Hart
115 West Jefferson Street
Bloomington, IL 62701

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	119
Total Admissions 2017	683
Total Discharges 2017	672
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	44
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	17
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	178	0	0	142	130	48	178	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	178	0	0	142	130	48	178	144

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7973	12.3%	29500	56.1%	1947	0	7593	0	47013	72.4%	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	7973	12.3%	29500	56.1%	1947	0	7593	0	47013	72.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	0	4	4
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	12	14	0	0	0	0	0	0	12	14	26
75 to 84	16	27	0	0	0	0	0	0	16	27	43
85+	11	37	0	0	0	0	0	0	11	37	48
TOTALS	44	86	0	0	0	0	0	0	44	86	130

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	85	3	11	8	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	85	3	11	8	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	291	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	112	0	0	0	112
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	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	10.40
LPN's	23.70
Certified Aides	58.10
Other Health Staff	12.60
Non-Health Staff	57.40
Totals	165.20

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
38.2%	39.0%	3.7%	0.0%	19.1%	100.0%		
4,507,589	4,600,627	430,802	0	2,252,956	11,791,974	0	0.0%

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

Heritage Health Staunton
215 W. Pennsylvania Ave
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 4/15/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	84
Total Discharges 2017	82
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	20
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	1
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	90	90	70	90	63	27	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	70	90	63	27	90	90

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	11489	35.0%	0	0	8737	0	22804	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	2578	7.8%	11489	35.0%	0	0	8737	0	22804	69.4%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	0	6	6
75 to 84	5	8	0	0	0	0	0	0	5	8	13
85+	3	41	0	0	0	0	0	0	3	41	44
TOTALS	8	55	0	0	0	0	0	0	8	55	63

Heritage Health Staunton
215 W. Pennsylvania Ave
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	30	0	0	26	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	30	0	0	26	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	186
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6.00
Certified Aides	21.57
Other Health Staff	4.17
Non-Health Staff	21.83
Totals	59.57

NET REVENUE BY PAYOR 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%	31.3%	0.0%	0.0%	37.9%	100.0%		
1,561,391	1,590,930	0	0	1,922,910	5,075,231	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 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 4/4/2019

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 - 2018

Residents on 1/1/2017	50
Total Admissions 2017	75
Total Discharges 2017	75
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	18
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	3
TOTALS	50

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	73	50	73	50	30	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	50	73	50	30	80	80

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	4.9%	9927	34.0%	0	0	6460	0	17821	61.0%	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	1434	4.9%	9927	34.0%	0	0	6460	0	17821	61.0%	66.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	6	11	17
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	15	35	0	0	0	0	0	0	15	35	50

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	3	24	0	0	23	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	3	24	0	0	23	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	50	0	0	0	50
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	1.00
LPN's	6.00
Certified Aides	12.00
Other Health Staff	2.00
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
25.2%	38.5%	0.0%	0.0%	36.3%	100.0%		
838,688	1,280,719	0	0	1,206,957	3,326,364	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 Therapy & Senior Care
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
Susan Holifield
309-827-8004

Registered Agent Information
Ben Hart
115 W. Jefferson St., Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	354
Total Discharges 2017	357
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	66

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	88	88	85	88	66	22	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	66	22	88	30

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3580	11.1%	6823	62.3%	0	0	13643	0	24046	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	3580	11.1%	6823	62.3%	0	0	13643	0	24046	74.9%	74.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	6	4	10
75 to 84	9	10	0	0	0	0	0	0	9	10	19
85+	12	24	0	0	0	0	0	0	12	24	36
TOTALS	27	39	0	0	0	0	0	0	27	39	66

Heritage Health Therapy & Senior Care
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	9	14	0	0	43	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	9	14	0	0	43	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	8.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
28.4%	14.1%	0.0%	0.0%	57.6%	100.0%		
2,113,422	1,048,026	0	0	4,290,708	7,452,156	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-Streator
1525 E Main Street
Streator, IL. 61364

Reference Numbers

Facility ID	6004311	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Janette Strabala

Contact Person and Telephone
Bonnie Bradley
815-672-4516

Registered Agent Information

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	266
Total Discharges 2017	276
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	97

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	0	130	97	33	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	0	130	97	33	130	110

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5591	11.8%	19910	49.6%	2386	0	9903	0	37790	79.6%	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	5591	11.8%	19910	49.6%	2386	0	9903	0	37790	79.6%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	2	0	0	0	0	0	0	12	2	14
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	8	44	0	0	0	0	0	0	8	44	52
TOTALS	31	66	0	0	0	0	0	0	31	66	97

Heritage Health-Streator
1525 E 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	10	52	0	0	35	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	10	52	0	0	35	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	267	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	96	0	0	0	96
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	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	16.86
LPN's	8.39
Certified Aides	46.41
Other Health Staff	0.00
Non-Health Staff	56.14
Totals	129.80

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
34.1%	33.3%	4.5%	0.0%	28.1%	100.0%		
3,187,208	3,111,415	417,510	0	2,630,462	9,346,595	0	0.0%

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

Heritage Manor - Mount Zion
1225 Woodland 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 Bolsen

Contact Person and Telephone
Rachel Bolsen
217-864-2356

Registered Agent Information
BEN HART
115 W JEFFERSON ST, SUITE 401
Bloomington, IL 61701

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	81
Total Discharges 2017	84
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	23
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	64

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	75	75	67	75	64	11	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	67	75	64	11	75	75

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4471	16.3%	14956	54.6%	0	0	3874	0	23301	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	4471	16.3%	14956	54.6%	0	0	3874	0	23301	85.1%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
85+	8	36	0	0	0	0	0	0	8	36	44
TOTALS	14	50	0	0	0	0	0	0	14	50	64

Heritage Manor - Mount Zion
1225 Woodland 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	48	0	0	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	7	48	0	0	9	0	64

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	10.00
Certified Aides	31.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
35.5%	45.3%	0.0%	0.0%	19.2%	100.0%		
1,713,259	2,190,589	0	0	927,608	4,831,456	0	0.0%

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

Heritage Manor - Peru, LLC
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
Lori A. Walsh
815-223-4901

Registered Agent Information
Benjamin Hart
115 W. Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	186
Total Discharges 2017	186
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	20
Mental Illness	19
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	7
TOTALS	96

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	105	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	105	112	96	31	127	127

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5642	12.2%	23277	50.2%	0	0	6906	0	35825	77.3%	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	5642	12.2%	23277	50.2%	0	0	6906	0	35825	77.3%	87.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	6	4	10
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	6	46	0	0	0	0	0	0	6	46	52
TOTALS	22	74	0	0	0	0	0	0	22	74	96

Heritage Manor - Peru, LLC
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	16	62	0	1	17	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	16	62	0	1	17	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	265	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	18.00
LPN's	11.50
Certified Aides	55.00
Other Health Staff	31.50
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
36.8%	42.7%	0.0%	0.0%	20.6%	100.0%		
3,237,338	3,753,277	0	0	1,809,422	8,800,037	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 Manor- Carlinville, LLC
1200 University Ave.
Carlinville , IL. 62626

Reference Numbers

Facility ID	6000723	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
Morgan Vinyard

Contact Person and Telephone
Morgan Vinyard
217-854-4433

Registered Agent Information
Benjamin Hart
115 West Jefferson St. , Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	27
Total Discharges 2017	28
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	30
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
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	95	92	80	92	80	15	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	80	92	80	15	95	95

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2872	8.3%	15972	46.1%	0	0	10059	0	28903	83.4%	86.1%
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	2872	8.3%	15972	46.1%	0	0	10059	0	28903	83.4%	86.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	7	40	0	0	0	0	0	0	7	40	47
TOTALS	18	62	0	0	0	0	0	0	18	62	80

Heritage Manor- Carlinville, LLC
1200 University Ave.
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	13	36	0	0	31	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	13	36	0	0	31	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	193	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	80	0	0	0	80
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	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	9.37
LPN's	40.74
Certified Aides	112.91
Other Health Staff	0.00
Non-Health Staff	70.07
Totals	235.09

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
30.9%	38.6%	0.0%	0.0%	30.5%	100.0%		
1,814,906	2,270,956	0	0	1,794,916	5,880,778	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 Square
620 N Ottawa
Dixon, IL. 61021

Reference Numbers

Facility ID	6004337	
Health Service Area	001	
Planning Service Area	103	Lee
County	103	Lee County

Administrator
Bonnie OConnell

Contact Person and Telephone
Bonnie OConnell
815-288-2251

Registered Agent Information
William Reigle
412 Fieldstone

Date Questionnaire Completed 4/19/2019

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

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	70
Total Admissions 2017	12
Total Discharges 2017	14
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	27	27	24	27	24	3	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	44	49	44	5		
TOTAL BEDS	76	76	68	76	68	8	0	25

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2647	29.0%	0	0	5776	0	8423	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	16152	548	16700	93.4%	93.4%
TOTALS	0	0.0%	2647	29.0%	0	0	21928	548	25123	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	4	20	0	0	0	0	11	31	15	51	66
TOTALS	4	20	0	0	0	0	11	31	15	51	66

Heritage Square
620 N 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	7	0	0	17	0	24
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	42	2	44
TOTALS	0	7	0	0	59	2	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	212	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	107

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	44	68
Race Unknown	0	0	0	0	0
Total	24	0	0	44	68

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	6.00
Certified Aides	18.00
Other Health Staff	7.00
Non-Health Staff	42.00
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
0.0%	7.1%	0.0%	0.0%	92.9%	100.0%		
0	226,452	0	0	2,942,157	3,168,609	36,486	1.2%

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

Hickory Nursing Pavilion
9246 S 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

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 - 2018

Residents on 1/1/2017	46
Total Admissions 2017	83
Total Discharges 2017	18
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	10
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	21
Developmental Disability	10
Circulatory System	17
Respiratory System	16
Digestive System	30
Genitourinary System Disorders	14
Skin Disorders	10
Musculo-skeletal Disorders	12
Injuries and Poisonings	3
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	190

Total Residents Diagnosed as Mentally Ill 21

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	74	0	0	0	61	13	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	0	0	0	61	13	13	74

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	26	0.1%	34	0	0	0	61	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	1	0.0%	26	0.1%	34	0	0	0	61	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	26	0	0	0	0	0	0	0	26	0	26
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	0	0	0	0	0	0	0	5	0	5
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	33	0	0	0	0	0	0	0	33	0	33

Hickory Nursing Pavilion
9246 S 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	26	34	0	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	1	26	34	0	0	0	61

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	20	0	0	0	20
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	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	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	18.00
Other Health Staff	5.00
Non-Health Staff	21.00
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%	0.0%				
204,089	2,912,953	0		90,640		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 4/13/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	458
Total Discharges 2017	458
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	22
Non-Medical Conditions	2
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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13110	56.1%	28	1.5%	0	617	8616	0	22371	95.8%	95.8%
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	13110	56.1%	28	1.5%	0	617	8616	0	22371	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	17	43	0	0	0	0	0	0	17	43	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	37	0	0	2	21	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	37	0	0	2	21	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	322	269
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	11.00
LPN's	8.60
Certified Aides	30.10
Other Health Staff	2.70
Non-Health Staff	33.50
Totals	87.90

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
47.0%	0.3%	0.1%	1.6%	51.1%	100.0%		
5,373,174	30,262	8,389	178,429	5,851,744	11,441,998	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

Reference Numbers

Facility ID	6001663	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Debra J. Reed

Contact Person and Telephone
Debra J. Reed
618-654-2368

Registered Agent Information
Kathleen L. Pine
2015 West Main Street #111
Carbondale, IL 62901

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	66
Total Admissions 2017	166
Total Discharges 2017	161
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	18
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	71

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	128	128	71	128	71	57	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	128	71	128	71	57	82	95

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2591	8.7%	16690	48.1%	2792	1630	2698	0	26401	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	0	0	0	0.0%	0.0%
TOTALS	2591	8.7%	16690	48.1%	2792	1630	2698	0	26401	56.5%	56.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	2	2	4
65 to 74	12	8	0	0	0	0	0	0	12	8	20
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	6	22	0	0	0	0	0	0	6	22	28
TOTALS	30	41	0	0	0	0	0	0	30	41	71

Highland Health Care Center
1450 26th Street
Highland, IL. 62249

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	6	49	7	3	6	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	49	7	3	6	0	71

AVERAGE DAILY PAYMENT RATES

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

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	66	0	0	0	66
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	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	6.00
LPN's	8.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
22.9%	33.9%	29.0%	6.0%	8.2%	100.0%		
1,438,798	2,133,723	1,824,400	378,744	517,129	6,292,794	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 4/4/2019

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 - 2018

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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5575	95.5%	0	0	0	0	5575	95.5%	95.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5575	95.5%	0	0	0	0	5575	95.5%	95.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	71.1%	1.3%	0.0%	27.6%	100.0%		
0	483,971	8,832	0	188,201	681,004	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 3/14/2019

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 - 2018

Residents on 1/1/2017	99
Total Admissions 2017	80
Total Discharges 2017	83
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	1
Circulatory System	28
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 68

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	96	10	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	96	10	106	106

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1171	3.0%	18239	47.1%	89	572	15891	0	35962	92.9%	92.9%
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	1171	3.0%	18239	47.1%	89	572	15891	0	35962	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	6	3	9
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	14	46	0	0	0	0	0	0	14	46	60
TOTALS	24	72	0	0	0	0	0	0	24	72	96

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	49	0	3	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	3	49	0	3	41	0	96

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	96	0	0	0	96
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	96	0	0	0	96
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	5.00
LPN's	15.00
Certified Aides	31.00
Other Health Staff	10.00
Non-Health Staff	33.00
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
9.6%	47.6%	0.3%	3.8%	38.7%	100.0%		
480,564	2,389,337	16,870	188,239	1,940,245	5,015,255	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
Robert Rotman
134 North LaSalle Blvd #200
Chicago, IL 60602

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	115
Total Admissions 2017	138
Total Discharges 2017	131
Residents on 12/31/2017	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	45
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 85

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	122	140	122	22	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	122	140	122	22	0	140

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3132	0.0%	35694	69.9%	0	50	6077	0	44953	85.5%	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	3132	0.0%	35694	69.9%	0	50	6077	0	44953	85.5%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	17	0	0	0	0	0	0	12	17	29
75 to 84	11	20	0	0	0	0	0	0	11	20	31
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	36	86	0	0	0	0	0	0	36	86	122

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	7	102	0	0	13	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	7	102	0	0	13	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	116	0	0	0	116
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	9	0	0	0	9
Non-Hispanic	113	0	0	0	113
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

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	78.00
Other Health Staff	6.00
Non-Health Staff	34.00
Totals	149.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
11.6%	67.4%	7.5%	0.0%	13.5%	100.0%		
967,355	5,647,208	631,957	0	1,128,599	8,375,119	0	0.0%

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

Hillsboro Rehabilitation @ Health Care Center
1300 E Tremont St
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
928 South 7th
Springfield, IL 62703

Date Questionnaire Completed 4/9/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	115
Total Discharges 2017	100
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	6
Mental Illness	21
Developmental Disability	0
Circulatory System	17
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	98

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	109	103	109	98	23	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	109	103	109	98	23	121	121

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3115	7.1%	19451	44.0%	0	363	11433	0	34362	77.8%	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	3115	7.1%	19451	44.0%	0	363	11433	0	34362	77.8%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	9	9	0	0	0	0	0	0	9	9	18
75 to 84	15	17	0	0	0	0	0	0	15	17	32
85+	9	25	0	0	0	0	0	0	9	25	34
TOTALS	40	58	0	0	0	0	0	0	40	58	98

Hillsboro Rehabilitation @ Health Care Center
1300 E Tremont St
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	11	52	0	2	33	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	52	0	2	33	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	97	0	0	0	97
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	2.00
LPN's	11.00
Certified Aides	23.00
Other Health Staff	5.00
Non-Health Staff	8.00
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
28.1%	47.3%	0.0%	2.6%	21.9%	100.0%		
1,675,609	2,815,527	0	155,596	1,306,443	5,953,175	0	0.0%

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

Hilltop Skilled Nursing and Rehabilitation
910 West Polk Street
Charleston, IL. 61920

Reference Numbers

Facility ID	6004477	
Health Service Area	004	
Planning Service Area	029	Coles/Cumberland
County	029	Coles County

Administrator
Jill Buchar

Contact Person and Telephone
Jill Buchar
217-345-7066

Registered Agent Information
Kathleen L. Pine
2015 West Main Street, #111
Carbondale, IL 62901

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	189
Total Discharges 2017	180
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	18
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	50

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	108	81	50	81	50	58	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	81	50	81	50	58	36	108

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1806	13.7%	8744	22.2%	0	773	5880	0	17203	43.6%	58.2%
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	1806	13.7%	8744	22.2%	0	773	5880	0	17203	43.6%	58.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	3	10	13
75 to 84	1	9	0	0	0	0	0	0	1	9	10
85+	9	15	0	0	0	0	0	0	9	15	24
TOTALS	14	36	0	0	0	0	0	0	14	36	50

Hilltop Skilled Nursing and Rehabilitation
910 West Polk Street
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	6	25	0	3	16	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	6	25	0	3	16	0	50

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
Total	50	0	0	0	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
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	1.80
LPN's	9.00
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	15.00
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
30.4%	31.4%	0.9%	8.8%	28.5%	100.0%		
971,411	1,002,744	28,385	280,385	910,544	3,193,469	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 3/7/2019

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 - 2018

Residents on 1/1/2017	40
Total Admissions 2017	34
Total Discharges 2017	33
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	7
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

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	58	51	46	51	41	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	58	51	46	51	41	17	58	58

FACILITY UTILIZATION - 2018

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

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1399	6.6%	7315	34.6%	211	389	5770	48	15132	71.5%	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	1399	6.6%	7315	34.6%	211	389	5770	48	15132	71.5%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	1	3	0	0	0	0	0	0	1	3	4
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	2	27	0	0	0	0	0	0	2	27	29
TOTALS	4	37	0	0	0	0	0	0	4	37	41

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	1	20	0	2	17	1	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	1	20	0	2	17	1	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	115	110
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.52
LPN's	3.86
Certified Aides	10.45
Other Health Staff	0.00
Non-Health Staff	21.67
Totals	40.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.6%	25.8%	0.7%	6.0%	42.8%	100.0%		
536,285	562,210	15,706	130,766	931,525	2,176,492	5,700	0.3%

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

Hilside Nursing and Rehab Center
1308 Game Farm Road

Reference Numbers

Facility ID	6004451	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

Administrator
Kimberly Kersmarki-Redd

Contact Person and Telephone
Kim Redd
630-553-2515

Registered Agent Information

Date Questionnaire Completed

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	99
Total Discharges 2017	99
Residents on 12/31/2017	62

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	4
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	47

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	79	68	62	0	49	30	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	68	62	0	49	30	79	58

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1572	5.5%	12601	59.5%	0	1192	4306	0	19671	68.2%	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	1572	5.5%	12601	59.5%	0	1192	4306	0	19671	68.2%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	6	10	0	0	0	0	0	0	6	10	16
85+	9	12	0	0	0	0	0	0	9	12	21
TOTALS	16	31	0	0	0	0	0	0	16	31	47

Hilside Nursing and Rehab Center
1308 Game Farm Road

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	31	0	1	9	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	6	31	0	1	9	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	45	0	0	0	45
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	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	0.35
Director of Nursing	1.00
Registered Nurses	8.75
LPN's	2.00
Certified Aides	23.25
Other Health Staff	1.00
Non-Health Staff	6.00
Totals	43.35

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
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.

Hitz Memorial Home
201 Belle 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 P.O. Box 79
Alhambra, IL 62001

Date Questionnaire Completed 3/14/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	27
Total Discharges 2017	26
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
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	67	59	51	59	45	22	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	51	59	45	22	34	59

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2200	17.7%	5080	23.6%	0	0	9500	9	16789	68.7%	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	2200	17.7%	5080	23.6%	0	0	9500	9	16789	68.7%	78.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	12	0	0	0	0	0	0	2	12	14
85+	11	19	0	0	0	0	0	0	11	19	30
TOTALS	13	32	0	0	0	0	0	0	13	32	45

Hitz Memorial Home
201 Belle 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	13	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	6	13	0	0	26	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	156	204
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.87
LPN's	7.19
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	31.00
Totals	59.06

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
34.4%	24.1%	0.0%	0.0%	41.5%	100.0%		
1,126,404	788,419	0	0	1,355,651	3,270,474	1,800	0.1%

*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
Venis Neal

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	15	1	0	16

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5384	92.2%	0	0	0	0	5384	92.2%	92.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5384	92.2%	0	0	0	0	5384	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	5	2	7
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	7	0	7
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	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%	86.1%	0.5%	0.0%	13.5%	100.0%		
0	738,757	3,947	0	115,813	858,517	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
Katherine Graben
630-257-2291

Registered Agent Information
Monsignor Michael Boland
721 N. LaSalle St.
Chicago, IL 60654

Date Questionnaire Completed 4/22/2019

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 - 2018

Residents on 1/1/2017	115
Total Admissions 2017	318
Total Discharges 2017	318
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	22
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	27
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	115

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	121	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	121	129	115	14	129	65

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	19.4%	10610	44.7%	0	1262	19314	338	40680	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	9156	19.4%	10610	44.7%	0	1262	19314	338	40680	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	1	8	9
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	17	63	0	0	0	0	0	0	17	63	80
TOTALS	24	91	0	0	0	0	0	0	24	91	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	26	34	0	1	53	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	26	34	0	1	53	1	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	292	274
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	115	0	0	0	115
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	7.00
Certified Aides	32.00
Other Health Staff	9.00
Non-Health Staff	93.00
Totals	160.00

NET REVENUE BY PAYOR 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%	9.4%	0.0%	6.4%	44.4%	100.0%		
5,047,411	1,184,005	0	812,887	5,614,357	12,658,660	100,207	0.8%

*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
Roger Herman

Contact Person and Telephone
Patricia Luecke
309-796-6717

Registered Agent Information
Richard Brunk
1504 3rd Ave
Rock Island, IL 61201

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	169
Total Admissions 2017	207
Total Discharges 2017	237
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	23
Mental Illness	37
Developmental Disability	1
Circulatory System	27
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	139

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	245	245	176	245	139	106	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	176	245	139	106	245	245

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3902	4.4%	36646	41.0%	4072	94	12862	0	57576	64.4%	64.4%
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	3902	4.4%	36646	41.0%	4072	94	12862	0	57576	64.4%	64.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	7	25	0	0	0	0	0	0	7	25	32
85+	18	62	0	0	0	0	0	0	18	62	80
TOTALS	38	101	0	0	0	0	0	0	38	101	139

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	9	83	16	0	31	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	9	83	16	0	31	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	214	194
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	133	0	0	0	133
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	10	0	0	0	10
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	139	0	0	0	139

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.90
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	14.36
LPN's	20.46
Certified Aides	107.76
Other Health Staff	5.75
Non-Health Staff	63.37
Totals	213.50

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
16.5%	51.7%	6.8%	0.5%	24.5%	100.0%		
1,840,970	5,776,588	757,562	52,245	2,736,683	11,164,048	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
Timothy W. Sondag

Contact Person and Telephone
Timothy W. Sondag
309-449-4145

Registered Agent Information

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	78
Total Discharges 2017	80
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	47

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	49	59	47	12	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	59	59	49	59	47	12	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	15402	1115	16517	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	0	0.0%	0	0.0%	0	0	15402	1115	16517	76.7%	76.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	6	5	11
85+	10	24	0	0	0	0	0	0	10	24	34
TOTALS	17	30	0	0	0	0	0	0	17	30	47

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	42	5	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	0	0	0	42	5	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	20.25
Other Health Staff	2.00
Non-Health Staff	0.75
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
0.0%	0.0%	0.0%	2.4%	97.6%	100.0%		
0	0	0	76,650	3,137,083	3,213,733	217,110	6.8%

*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
Deirdre Manigo

Contact Person and Telephone
Tracy Adden
217-725-5343

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

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	12
Total Admissions 2017	1
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 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	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 - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4599	78.8%	0	0	0	0	4599	78.8%	78.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4599	78.8%	0	0	0	0	4599	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	1	0	0	1	1	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	7	6	0	0	7	6	13

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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%	80.8%	1.4%	0.0%	17.7%	100.0%		
0	472,990	8,312	0	103,737	585,039	0	0.0%

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

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
Tanya Smith, MSN, RN, LNHA

Contact Person and Telephone
Anabel Gates
815-468-6581 x221

Registered Agent Information
IL Department of Veterans Affairs
833 Spring St.
Springfield, IL 62794

Date Questionnaire Completed 3/11/2019

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 - 2018

Residents on 1/1/2017	286
Total Admissions 2017	156
Total Discharges 2017	150
Residents on 12/31/2017	292

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	85
Mental Illness	75
Developmental Disability	0
Circulatory System	43
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	292

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	304	304	294	294	292	12	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	292	12	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	64	2	0	0	0	0	0	0	64	2	66
75 to 84	35	1	0	0	0	0	0	0	35	1	36
85+	177	10	0	0	0	0	0	0	177	10	187
TOTALS	279	13	0	0	0	0	0	0	279	13	292

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	292	0	292
Skilled Under 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	292	0	292

AVERAGE DAILY PAYMENT RATES

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

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	269	0	0	0	269
Race Unknown	2	0	0	0	2
Total	292	0	0	0	292

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	290	0	0	0	290
Ethnicity Unknown	0	0	0	0	0
Total	292	0	0	0	292

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	44.00
LPN's	15.00
Certified Aides	125.60
Other Health Staff	31.00
Non-Health Staff	81.00
Totals	300.60

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
0.9%	0.0%	71.6%	0.2%	27.3%	100.0%		
93,163	0	7,471,473	20,353	2,844,208	10,429,197	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 Rehab & HC
1315 Curt Drive PO box 6179
Champaign, IL. 61820

Reference Numbers

Facility ID	6004212	
Health Service Area	004	
Planning Service Area	019	Champaign
County	019	Champaign County

Administrator
Andrea D. Jacobs MA, LNHA

Contact Person and Telephone
Marikay Snyder
309-691-8113

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

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	77
Total Discharges 2017	75
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	9
Mental Illness	7
Developmental Disability	1
Circulatory System	10
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	46

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	60	60	46	60	46	14	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	46	60	46	14	60	60

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1147	5.2%	12802	58.5%	0	0	2994	0	16943	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	1147	5.2%	12802	58.5%	0	0	2994	0	16943	77.4%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	6	7	0	0	0	0	0	0	6	7	13
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	20	26	0	0	0	0	0	0	20	26	46

Illini Heritage Rehab & HC
1315 Curt Drive PO box 6179
Champaign, IL. 61820

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	0	34	0	3	9	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	34	0	3	9	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	35	0	0	0	35
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	4.00
LPN's	8.00
Certified Aides	19.00
Other Health Staff	3.00
Non-Health Staff	18.00
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
2.8%	74.7%	0.0%	1.0%	21.5%	100.0%		
62,008	1,656,209	0	22,415	475,680	2,216,312	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. 62684

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 S 5th Street, Suite 700
Springfield, IL 62701

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	19
Total Discharges 2017	22
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
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	15	8	8	8	5	10	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	48	67	44	29		
TOTAL BEDS	88	75	56	75	49	39	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	1392	484	1876	34.3%	64.2%
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	11008	6114	17122	64.3%	70.0%
TOTALS	0	0.0%	0	0.0%	0	0	12400	6598	18998	59.1%	69.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	6	2	6	8
85+	0	5	0	0	0	0	1	35	1	40	41
TOTALS	0	5	0	0	0	0	3	41	3	46	49

Illinois Presbyterian Home
2005 West Lawrence
Springfield, IL. 62684

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	5	0	5
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	44	0	44
TOTALS	0	0	0	0	49	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	90	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	64

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5	0	0	44	49
Race Unknown	0	0	0	0	0
Total	5	0	0	44	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	2.00
LPN's	6.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	15.00
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	1,311,654	1,311,654	437,740	33.4%

*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 x203

Registered Agent Information
Illinois Department of Veterans' Affairs
833 S. Spring Street
Springfield, IL 62794

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	305
Total Admissions 2017	129
Total Discharges 2017	122
Residents on 12/31/2017	312

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	21
Blood Disorders	1
*Nervous System Non Alzheimer	41
Alzheimer Disease	8
Mental Illness	119
Developmental Disability	0
Circulatory System	84
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	312

Total Residents Diagnosed as Mentally Ill 119

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	312	74	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	312	74	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2376	0.0%	0	0.0%	0	3734	107770	0	113880	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	2376	0.0%	0	0.0%	0	3734	107770	0	113880	80.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	0	6	0	6
65 to 74	57	3	0	0	0	0	0	0	57	3	60
75 to 84	78	8	0	0	0	0	0	0	78	8	86
85+	126	29	0	0	0	0	0	0	126	29	155
TOTALS	272	40	0	0	0	0	0	0	272	40	312

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	9	0	0	9
Skilled Under 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	9	0	0	9

AVERAGE DAILY PAYMENT RATES

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

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	303	0	0	0	303
Race Unknown	0	0	0	0	0
Total	312	0	0	0	312

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	1.00
Director of Nursing	1.00
Registered Nurses	58.00
LPN's	27.00
Certified Aides	147.00
Other Health Staff	21.00
Non-Health Staff	222.00
Totals	478.00

NET REVENUE BY PAYOR 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%	0.0%	68.4%	0.5%	29.3%	100.0%		
386,738	0	14,541,968	103,660	6,223,214	21,255,580	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
833 S. Spring
Springfield, IL 62794

Date Questionnaire Completed 3/6/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	27
Total Discharges 2017	26
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	21
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
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	50	50	50	50	49	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	50	50	50	50	49	1	0	0

FACILITY UTILIZATION - 2018

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

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	19650	0	19650	107.7%	107.7%
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%	0	0.0%	0	0	19650	0	19650	107.7%	107.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	1	0	0	0	0	0	0	7	1	8
75 to 84	7	0	0	0	0	0	0	0	7	0	7
85+	31	2	0	0	0	0	0	0	31	2	33
TOTALS	46	3	0	0	0	0	0	0	46	3	49

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	49	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	0	0	0	0	49	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	223
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	27.50
Other Health Staff	0.00
Non-Health Staff	29.00
Totals	76.50

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
0.1%	0.0%	78.2%	0.0%	21.7%	100.0%		
2,249	0	2,353,644	0	653,713	3,009,606	0	0.0%

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

Illinois Veterans' Home of LaSalle
1015 O'Conor Aven
LaSalle, IL. 61301

Reference Numbers

Facility ID	6015481	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Angela Mehlbrech

Contact Person and Telephone
Angela Mehlbrech
815-223-0303 x200

Registered Agent Information

Date Questionnaire Completed 5/16/2019

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 - 2018

Residents on 1/1/2017	175
Total Admissions 2017	79
Total Discharges 2017	71
Residents on 12/31/2017	183

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	14
Blood Disorders	0
*Nervous System Non Alzheimer	26
Alzheimer Disease	40
Mental Illness	37
Developmental Disability	0
Circulatory System	40
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	183

Total Residents Diagnosed as Mentally Ill 115

Total Residents Reported as Identified Offenders 0

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

LEVEL OF CARE	LICENSED 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	185	190	183	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	190	190	185	190	183	7	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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%	65592	0	0	0	65592	94.6%	94.6%
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%	0	0.0%	65592	0	0	0	65592	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	21	0	0	0	0	0	0	0	21	0	21
75 to 84	34	0	0	0	0	0	0	0	34	0	34
85+	126	1	0	0	0	0	0	0	126	1	127
TOTALS	181	2	0	0	0	0	0	0	181	2	183

Illinois Veterans' Home of LaSalle
1015 O'Conor Aven
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	183	0	0	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	0	0	183	0	0	0	183

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	181	0	0	0	181
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

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	38.00
LPN's	5.00
Certified Aides	88.00
Other Health Staff	23.00
Non-Health Staff	52.50
Totals	208.50

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
0.2%	0.0%	68.6%	0.0%	31.1%	100.0%		
25,536	0	7,579,389	3,819	3,438,845	11,047,589	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.

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 Carpenter

Contact Person and Telephone
Molly Carpenter
217-422-6464

Registered Agent Information

Date Questionnaire Completed 4/17/2019

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	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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	140
Total Discharges 2017	142
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	29
Developmental Disability	0
Circulatory System	12
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
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	95	0	0	79	73	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	95	0	0	79	73	22	95	95

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5196	15.0%	7657	22.1%	0	214	14172	0	27239	78.6%	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	5196	15.0%	7657	22.1%	0	214	14172	0	27239	78.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	7	0	0	0	0	0	0	5	7	12
85+	10	50	0	0	0	0	0	0	10	50	60
TOTALS	16	57	0	0	0	0	0	0	16	57	73

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	22	0	3	39	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	22	0	3	39	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	219	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	4.00
Registered Nurses	6.00
LPN's	11.00
Certified Aides	44.00
Other Health Staff	3.00
Non-Health Staff	36.00
Totals	105.00

NET REVENUE BY PAYOR 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%	10.2%	0.0%	1.7%	58.2%	100.0%		
1,736,658	592,640	0	97,864	3,381,553	5,808,715	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity HC of Smithton
107 S. 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
Lauriel Wingerter

Contact Person and Telephone
Lauriel Wingerter
618-235-4600

Registered Agent Information

Date Questionnaire Completed 4/10/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	38
Total Discharges 2017	70
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	5
Mental Illness	37
Developmental Disability	0
Circulatory System	2
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 45

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	101	90	80	90	48	53	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	90	80	90	48	53	0	101

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	20430	55.4%	0	365	1571	0	22366	60.7%	68.1%
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%	20430	55.4%	0	365	1571	0	22366	60.7%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	4	6	0	0	0	0	0	0	4	6	10
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	22	26	0	0	0	0	0	0	22	26	48

Integrity HC of Smithton
107 S. 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	42	0	1	5	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	42	0	1	5	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	37	0	0	0	37
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	2.20
LPN's	2.70
Certified Aides	8.70
Other Health Staff	1.40
Non-Health Staff	12.20
Totals	29.20

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%	89.2%	0.0%	2.8%	8.0%	100.0%		
417	2,364,713	0	73,000	212,809	2,650,939	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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
Amy Plott

Contact Person and Telephone
Amy Plott
618-833-6343

Registered Agent Information
Jennifer-Miller-Louw
215 West Main Street, Suite, 111

Date Questionnaire Completed

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	102
Total Discharges 2017	101
Residents on 12/31/2017	55

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	6
Developmental Disability	1
Circulatory System	19
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	8
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	70	70	62	70	55	15	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	62	70	55	15	70	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3326	13.0%	10514	41.2%	932	461	4025	0	19258	75.4%	75.4%
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	3326	13.0%	10514	41.2%	932	461	4025	0	19258	75.4%	75.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	6	21	0	0	0	0	0	0	6	21	27
TOTALS	19	36	0	0	0	0	0	0	19	36	55

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	9	30	6	1	9	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	9	30	6	1	9	0	55

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	17.00
Other Health Staff	0.00
Non-Health Staff	25.00
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
42.9%	38.5%	0.0%	5.8%	12.8%	100.0%		
1,875,336	1,684,889	0	255,900	559,650	4,375,775	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
Alex Mann

Contact Person and Telephone
Alex Mann
618-234-3323

Registered Agent Information

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	119
Total Admissions 2017	100
Total Discharges 2017	99
Residents on 12/31/2017	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	91
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
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	180	0	0	0	120	60	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	0	0	0	120	60	135	180

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	72	0.1%	35	2	5	0	117	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	3	0.0%	72	0.1%	35	2	5	0	117	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	12	8	0	0	0	0	0	0	12	8	20
45 to 59	29	9	0	0	0	0	0	0	29	9	38
60 to 64	14	11	0	0	0	0	0	0	14	11	25
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	5	6	0	0	0	0	0	0	5	6	11
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	73	44	0	0	0	0	0	0	73	44	117

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	3	72	35	2	5	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	3	72	35	2	5	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	75
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	44	0	0	0	44
Hawaiian/Pacific Isl.	0	0	0	0	0
White	70	0	0	0	70
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	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	2.00
LPN's	18.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	44.00
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
13.2%	83.4%	0.0%	0.0%	3.4%	100.0%		
819,557	5,166,672	0	0	207,716	6,193,945	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity Healthcare 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
Sherry Belcher

Contact Person and Telephone
Sherry Belcher
618-893-4214

Registered Agent Information
Lawrence Swartz
8170 N. McCormick Blvd Suite 219
Skokie, IL 60076

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	39
Total Discharges 2017	44
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	48
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	53

Total Residents Diagnosed as Mentally Ill 48

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	74	74	53	74	53	21	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	53	74	53	21	10	74

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1389	38.1%	13061	48.4%	2435	21	3061	0	19967	73.9%	73.9%
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	1389	38.1%	13061	48.4%	2435	21	3061	0	19967	73.9%	73.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	2	0	0	0	0	0	0	6	2	8
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	11	4	0	0	0	0	0	0	11	4	15
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	30	23	0	0	0	0	0	0	30	23	53

Integrity Healthcare 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	3	34	0	9	7	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	3	34	0	9	7	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	45	0	0	0	45
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	4.00
LPN's	6.00
Certified Aides	15.00
Other Health Staff	8.00
Non-Health Staff	15.00
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
27.7%	58.3%	0.0%	9.3%	4.7%	100.0%		
888,443	1,872,335	0	297,678	150,450	3,208,906	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 Healthcare of Columbia
253 Bradington Drive

Reference Numbers

Facility ID	6013106	
Health Service Area	011	
Planning Service Area	133	Monroe
County	133	Monroe County

Administrator
Christine Warcup

Contact Person and Telephone
Christine Warcup
618-281-6800

Registered Agent Information
Jennifer Miller-Louw
2015 W. Main Street Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/22/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	82
Total Admissions 2017	118
Total Discharges 2017	120
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	17
Developmental Disability	1
Circulatory System	19
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	80

Total Residents Diagnosed as Mentally Ill 17

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	119	119	80	119	80	39	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	80	119	80	39	119	119

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4899	11.3%	16329	37.6%	0	82	9985	0	31295	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	4899	11.3%	16329	37.6%	0	82	9985	0	31295	72.1%	72.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	6	31	0	0	0	0	0	0	6	31	37
TOTALS	24	56	0	0	0	0	0	0	24	56	80

Integrity Healthcare of Columbia
253 Bradington Drive

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	5	46	0	0	29	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	5	46	0	0	29	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	
Registered Nurses	9.00
LPN's	17.00
Certified Aides	44.00
Other Health Staff	5.00
Non-Health Staff	22.00
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
42.1%	33.3%	0.0%	0.4%	24.2%	100.0%		
3,050,655	2,408,267	0	31,619	1,750,222	7,240,763	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 West Delmar Ave
Godfrey, IL. 62035

Reference Numbers

Facility ID	6001028	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Kyle Baalman

Contact Person and Telephone
Kyle Baalman
618-466-0443

Registered Agent Information

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	80
Total Discharges 2017	89
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	8
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	68	0	0	61	44	24	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	0	0	61	44	24	68	68

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1367	5.5%	13302	53.6%	0	2325	0	0	16994	68.5%	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	1367	5.5%	13302	53.6%	0	2325	0	0	16994	68.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	4	7	0	0	0	0	0	0	4	7	11
75 to 84	2	5	0	0	0	0	0	0	2	5	7
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	15	29	0	0	0	0	0	0	15	29	44

Integrity Healthcare of Godfrey
1623 West Delmar Ave
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	6	0	33	0	5	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	6	0	33	0	5	0	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	37	0	0	0	37
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	2.20
LPN's	3.40
Certified Aides	9.50
Other Health Staff	2.30
Non-Health Staff	13.57
Totals	32.97

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
25.7%	61.9%	0.0%	0.6%	11.8%	100.0%		
888,240	2,143,143	0	19,871	409,807	3,461,061	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Integrity Healthcare of Marion
1301 East DeYoung St
Marion, IL. 62959

Reference Numbers

Facility ID	6003230	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Tina Wright

Contact Person and Telephone
Tina Wright
618-997-1385

Registered Agent Information
Jennifer Miller-Louw
2015 W Main Street, Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	155
Total Discharges 2017	171
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	1
Developmental Disability	1
Circulatory System	11
Respiratory System	8
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	62

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	121	0	121	61	64	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	121	0	121	61	64	125	125

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	75	0.2%	80	0.2%	0	12	8	0	175	0.4%	0.4%
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	75	0.2%	80	0.2%	0	12	8	0	175	0.4%	0.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	5	0	0	0	0	0	0	6	5	11
65 to 74	11	8	0	0	0	0	0	0	11	8	19
75 to 84	2	10	0	0	0	0	0	0	2	10	12
85+	2	11	0	0	0	0	0	0	2	11	13
TOTALS	26	37	0	0	0	0	0	0	26	37	63

Integrity Healthcare of Marion
1301 East 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	7	49	0	2	5	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	49	0	2	5	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	52	0	0	0	52
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	4	0	0	0	4
Non-Hispanic	2	0	0	0	2
Ethnicity Unknown	1	0	0	0	1
Total	7	0	0	0	7

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	2.20
LPN's	5.10
Certified Aides	15.10
Other Health Staff	0.00
Non-Health Staff	20.90
Totals	44.30

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
39.3%	51.4%	0.0%	4.7%	4.6%	100.0%		
2,166,286	2,838,389	0	260,642	253,682	5,518,999	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 Healthcare of Wood River
393 E. Edwardsville Road
Wood River, IL. 62095

Reference Numbers

Facility ID	6009534	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Elizabeth Dunn

Contact Person and Telephone
Elizabeth Dunn
618-259-4111

Registered Agent Information
Jennifer Miller-Louw
2015 W. Main Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	98
Total Discharges 2017	99
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	10
Mental Illness	17
Developmental Disability	0
Circulatory System	13
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

Total Residents Diagnosed as Mentally Ill 32

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	106	100	82	100	82	24	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	82	100	82	24	106	106

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	4.2%	17277	44.7%	5008	0	2628	0	26542	68.6%	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	1629	4.2%	17277	44.7%	5008	0	2628	0	26542	68.6%	72.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	6	0	0	0	0	0	0	13	6	19
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	1	9	0	0	0	0	0	0	1	9	10
TOTALS	42	40	0	0	0	0	0	0	42	40	82

Integrity Healthcare of Wood River
393 E. Edwardsville Road
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	8	55	10	0	9	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	55	10	0	9	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	68	0	0	0	68
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	3.00
LPN's	4.00
Certified Aides	23.00
Other Health Staff	5.00
Non-Health Staff	20.00
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
25.7%	63.0%	0.0%	2.5%	8.9%	100.0%		
1,324,682	3,251,109	0	129,396	458,404	5,163,591	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Iona Glos SLC
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
Catherine Campos

Contact Person and Telephone
Nicole Enverga
630-543-2440

Registered Agent Information

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	92
Total Admissions 2017	5
Total Discharges 2017	11
Residents on 12/31/2017	86

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	86
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	86

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	92	92	100	86	14		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	92	92	100	86	14	0	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			32485	89.0%	0	0	0	0	32485	89.0%	96.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32485	89.0%	0	0	0	0	32485	89.0%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	15	12	0	0	15	12	27
60 to 64	0	0	0	0	11	9	0	0	11	9	20
65 to 74	0	0	0	0	12	9	0	0	12	9	21
75 to 84	0	0	0	0	7	3	0	0	7	3	10
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	51	35	0	0	51	35	86

Iona Glos SLC
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		86	0	0	0	0	86
Sheltered Care			0	0	0	0	0
TOTALS	0	86	0	0	0	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	70	0	70
Race Unknown	0	0	0	0	0
Total	0	0	86	0	86

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	82	0	82
Ethnicity Unknown	0	0	0	0	0
Total	0	0	86	0	86

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.00
Certified Aides	29.00
Other Health Staff	10.55
Non-Health Staff	12.40
Totals	62.95

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%	82.3%	3.2%	0.0%	14.5%	100.0%		
0	4,838,384	189,537	0	852,919	5,880,840	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 Street
Watseka, IL 60970

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	26
Total Admissions 2017	122
Total Discharges 2017	121
Residents on 12/31/2017	27

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	1
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	35	35	35	35	27	8	35	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	35	35	35	35	27	8	35	18

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1863	14.6%	2566	39.1%	0	372	5267	0	10068	78.8%	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	1863	14.6%	2566	39.1%	0	372	5267	0	10068	78.8%	78.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
85+	3	12	0	0	0	0	0	0	3	12	15
TOTALS	9	18	0	0	0	0	0	0	9	18	27

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	8	0	5	8	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	8	0	5	8	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.47
LPN's	5.94
Certified Aides	13.86
Other Health Staff	2.00
Non-Health Staff	5.20
Totals	30.47

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
23.1%	16.0%	0.0%	3.3%	57.6%	100.0%		
485,557	334,583	0	69,950	1,207,358	2,097,448	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jacksonville Skilled Nursing and Rehabilitation Ce
1517 W Walnut
Jacksonville, IL. 62650

Reference Numbers

Facility ID	6004840	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	137	Morgan County

Administrator
JENNIFER HUBBERT

Contact Person and Telephone
JENNIFER HUBBERT
217-243-6451

Registered Agent Information
KATHLEEN L. PINE
2015 W. MAIN ST. #111
Carbondale, IL 62901

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	193
Total Discharges 2017	199
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	9
Mental Illness	22
Developmental Disability	0
Circulatory System	18
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	2
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	88	88	81	88	72	16	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	81	88	72	16	27	88

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3523	35.7%	13654	42.5%	0	750	6817	0	24744	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	0	0	0	0.0%	0.0%
TOTALS	3523	35.7%	13654	42.5%	0	750	6817	0	24744	77.0%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	7	43	0	0	0	0	0	0	7	43	50
TOTALS	13	59	0	0	0	0	0	0	13	59	72

Jacksonville Skilled Nursing and Rehabilitation Ce
1517 W Walnut
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	8	44	2	1	17	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	8	44	2	1	17	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	302	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	71	0	0	0	71
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	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	35.00
Other Health Staff	0.00
Non-Health Staff	29.00
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
36.1%	36.8%	2.2%	4.2%	20.7%	100.0%		
2,238,494	2,281,897	137,857	259,138	1,285,552	6,202,938	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
Cathy Flanagan
275 S LaSalle Street
Aurora, IL 60505

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	102
Total Admissions 2017	94
Total Discharges 2017	99
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	2
Circulatory System	45
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	97

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	47	13	0	16
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	103	103	54	103	50	53		
TOTAL BEDS	163	163	114	163	97	66	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	4161	71.3%	0	0	14292	0	18453	84.3%	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	19601	0	19601	52.1%	52.1%
TOTALS	0	0.0%	4161	71.3%	0	0	33893	0	38054	64.0%	64.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	2	0	2
60 to 64	1	1	0	0	0	0	1	3	2	4	6
65 to 74	3	2	0	0	0	0	6	4	9	6	15
75 to 84	7	8	0	0	0	0	5	5	12	13	25
85+	4	21	0	0	0	0	5	19	9	40	49
TOTALS	15	32	0	0	0	0	19	31	34	63	97

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	10	0	0	37	0	47
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	50	0	50
TOTALS	0	10	0	0	87	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	221	173
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	44	63

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled 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	50	0	0	46	96
Race Unknown	0	0	0	0	0
Total	50	0	0	47	97

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	50	0	0	47	97
Ethnicity Unknown	0	0	0	0	0
Total	50	0	0	47	97

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	3.50
Certified Aides	22.00
Other Health Staff	7.50
Non-Health Staff	29.00
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
0.0%	14.7%	0.0%	85.3%	0.0%	100.0%		
0	639,207	0	3,698,061	0	4,337,268	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
Michael Bibo
285 S Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/11/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	130
Total Admissions 2017	234
Total Discharges 2017	234
Residents on 12/31/2017	130

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	4
Alzheimer Disease	54
Mental Illness	0
Developmental Disability	1
Circulatory System	14
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	9
Other Medical Conditions	25
Non-Medical Conditions	0
TOTALS	130

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	155	130	155	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	155	130	155	130	30	160	160

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8995	15.4%	29570	50.6%	1418	446	8935	0	49364	84.5%	87.3%
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	8995	15.4%	29570	50.6%	1418	446	8935	0	49364	84.5%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
75 to 84	13	32	0	0	0	0	0	0	13	32	45
85+	21	47	0	0	0	0	0	0	21	47	68
TOTALS	42	88	0	0	0	0	0	0	42	88	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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	77	0	3	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	12	77	0	3	38	0	130

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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.	129	0	0	0	129
White	0	0	0	0	0
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	1.25
Physicians	0.00
Director of Nursing	1.25
Registered Nurses	10.38
LPN's	19.12
Certified Aides	73.64
Other Health Staff	6.87
Non-Health Staff	62.70
Totals	175.21

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
44.0%	37.9%	1.8%	0.8%	15.6%	100.0%		
5,024,270	4,327,066	203,544	88,707	1,775,914	11,419,501	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

John C Proctor Endowment
2714 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

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 - 2018

Residents on 1/1/2017	57
Total Admissions 2017	62
Total Discharges 2017	75
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	1
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	59	59	57	59	44	15	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	44	15	59	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	14399	3668	18067	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%	0	0.0%	0	0	14399	3668	18067	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	11	29	0	0	0	0	0	0	11	29	40
TOTALS	12	32	0	0	0	0	0	0	12	32	44

John C Proctor Endowment
2714 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	36	8	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	0	0	0	0	36	8	44

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.20
LPN's	6.70
Certified Aides	16.80
Other Health Staff	2.10
Non-Health Staff	0.00
Totals	32.80

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%	100.0%	100.0%		
0	0	0	0	2,235,888	2,235,888	468,592	21.0%

*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 S 443 Summit Ave

Date Questionnaire Completed 4/4/2019

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	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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	37
Total Discharges 2017	41
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	107
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	109

Total Residents Diagnosed as Mentally Ill 107

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	120	120	109	11	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	109	11	0	120

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	39294	89.7%	0	0	0	0	39294	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	0	0.0%	39294	89.7%	0	0	0	0	39294	89.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	9	3	12
45 to 59	29	18	0	0	0	0	0	0	29	18	47
60 to 64	20	5	0	0	0	0	0	0	20	5	25
65 to 74	7	15	0	0	0	0	0	0	7	15	22
75 to 84	0	3	0	0	0	0	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	65	44	0	0	0	0	0	0	65	44	109

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	106	0	0	0	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	106	0	0	0	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	77	0	0	0	77
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	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	10.00
LPN's	12.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	53.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	4,261,323	0	0	0	4,261,323	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Jonesboro Rehabilitation & Healthcare Center
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
Candy Tucker

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	42
Total Admissions 2017	40
Total Discharges 2017	34
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	4
Developmental Disability	1
Circulatory System	3
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	43

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	77	77	43	77	43	34	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	43	77	43	34	19	77

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	36	0.1%	0	0	4	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%	36	0.1%	0	0	4	0	43	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	5	0	0	0	0	0	0	6	5	11
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	3	11	0	0	0	0	0	0	3	11	14
TOTALS	14	29	0	0	0	0	0	0	14	29	43

Jonesboro Rehabilitation & Healthcare Center
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	3	36	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	3	36	0	0	4	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	39	0	0	0	39
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	0	0	0	0	0
Ethnicity Unknown	42	0	0	0	42
Total	43	0	0	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	6.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	18.00
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
9.5%	79.6%	0.0%	1.5%	9.4%	100.0%		
169,982	1,422,516	0	26,913	167,233	1,786,644	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Joshua Manor
120 Locust Street
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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4597	78.7%	0	0	0	0	4597	78.7%	78.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4597	78.7%	0	0	0	0	4597	78.7%	78.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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 Street
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	0.00
Other Health Staff	9.50
Non-Health Staff	0.50
Totals	10.66

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%	83.4%	0.0%	0.0%	16.6%	100.0%		
0	479,614	0	0	95,143	574,757	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
Deirdre Manigo

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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	3	4	3	1		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	3	4	3	1	0	4

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1113	76.2%	0	0	0	0	1113	76.2%	76.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1113	76.2%	0	0	0	0	1113	76.2%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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%	84.8%	1.8%	0.0%	13.4%	100.0%		
0	290,686	6,104	0	45,815	342,605	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
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 4/4/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
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 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	15

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4666	85.2%	0	0	0	0	4666	79.9%	79.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4666	85.2%	0	0	0	0	4666	79.9%	79.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	6	8	0	0	6	8	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	144
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.25
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%	76.2%	2.0%	0.0%	21.8%	100.0%		
0	488,778	12,701	0	140,047	641,526	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kaperl Home
6300 N. Ridge Ave.
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 DeCarlo

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 3/26/2019

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 - 2018

Residents on 1/1/2017	14
Total Admissions 2017	2
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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5435	#Div/0!	0	0	0	0	5435	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5435	0.0%	0	0	0	0	5435	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	3	0	0	0	3	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	0	15	0	0	0	15	15

Kaperl Home
6300 N. Ridge Ave.
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.08
Director of Nursing	0.25
Registered Nurses	1.61
LPN's	0.25
Certified Aides	15.61
Other Health Staff	5.20
Non-Health Staff	5.18
Totals	28.54

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
0.0%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	758,154	0	0	185,496	943,650	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kensington Place Nursing & Rehab
3405 South Michigan 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 3/27/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	130
Total Admissions 2017	114
Total Discharges 2017	108
Residents on 12/31/2017	136

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	14
Endocrine/Metabolic	23
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	14
Mental Illness	49
Developmental Disability	4
Circulatory System	0
Respiratory System	13
Digestive System	5
Genitourinary System Disorders	0
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	136

Total Residents Diagnosed as Mentally Ill 117

Total Residents Reported as Identified Offenders 31

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	136	155	136	19	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	136	155	136	19	155	155

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4274	7.6%	44055	77.9%	0	440	745	0	49514	87.5%	87.5%
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	4274	7.6%	44055	77.9%	0	440	745	0	49514	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	18	14	0	0	0	0	0	0	18	14	32
60 to 64	18	12	0	0	0	0	0	0	18	12	30
65 to 74	27	8	0	0	0	0	0	0	27	8	35
75 to 84	16	8	0	0	0	0	0	0	16	8	24
85+	4	9	0	0	0	0	0	0	4	9	13
TOTALS	84	52	0	0	0	0	0	0	84	52	136

Kensington Place Nursing & Rehab
3405 South Michigan 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	14	121	0	0	1	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	14	121	0	0	1	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	104	0	0	0	104
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
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	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
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	2.00
Registered Nurses	10.00
LPN's	17.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	43.00
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
20.1%	76.6%	0.0%	2.0%	1.3%	100.0%		
1,971,843	7,528,168	0	198,113	128,748	9,826,872	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5346	91.5%	0	0	0	0	5346	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5346	91.5%	0	0	0	0	5346	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	5	0	0	0	5	5
18 to 44	0	0	0	0	0	4	0	0	0	4	4
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	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	3	12	0	0	3	12	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	83.5%	1.0%	0.0%	15.5%	100.0%		
0	565,268	6,578	0	105,198	677,044	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Kewanee Care Home
144 Junior Ave
Kewanee, IL. 61443

Reference Numbers

Facility ID	6005011	
Health Service Area	010	
Planning Service Area	073	Henry
County	073	Henry County

Administrator
Christina Walker

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/5/2019

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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	141
Total Discharges 2017	154
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	22
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	17
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	65

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	84	84	80	84	65	19	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	80	84	65	19	27	84

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3311	33.6%	16509	53.8%	0	0	4657	0	24477	79.8%	79.8%
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	3311	33.6%	16509	53.8%	0	0	4657	0	24477	79.8%	79.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	3	1	4
65 to 74	1	5	0	0	0	0	0	0	1	5	6
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	4	26	0	0	0	0	0	0	4	26	30
TOTALS	14	51	0	0	0	0	0	0	14	51	65

Kewanee Care Home
144 Junior 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	6	41	5	2	11	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	6	41	5	2	11	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	168	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	62	0	0	0	62
Race Unknown	1	0	0	0	1
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
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	1.00
LPN's	9.00
Certified Aides	24.00
Other Health Staff	1.00
Non-Health Staff	20.00
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
20.4%	56.6%	0.0%	1.5%	21.5%	100.0%		
775,854	2,158,052	0	58,651	817,587	3,810,144	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. 60521

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 4/15/2019

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 - 2018

Residents on 1/1/2017	74
Total Admissions 2017	33
Total Discharges 2017	36
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	38
Mental Illness	1
Developmental Disability	0
Circulatory System	9
Respiratory System	1
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	9
TOTALS	71

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	49	49	43	49	42	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	33	29	31	29	-29		
TOTAL BEDS	49	82	72	80	71	-22	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0.0%	22.1%
TOTALS	0	0.0%	0	0.0%	0	0	0	3390	3390	19.0%	11.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0
75 to 84	2	5	0	0	0	0	0	3	2	8	10
85+	10	24	0	0	0	0	6	20	16	44	60
TOTALS	13	29	0	0	0	0	6	23	19	52	71

King-Bruwaert House
6101 S. County Line Rd
Burr Ridge, IL. 60521

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	40	2	42
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	61	10	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	133	67
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	100	166

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	29	71
Race Unknown	0	0	0	0	0
Total	42	0	0	29	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	29	71
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	29	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	2.60
Certified Aides	33.60
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	58.20

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	7,204,725	7,204,725	899,907	12.5%

*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
Adrienne Golembiewski
1359 W Washington Blvd
Chicago, IL 60607

Date Questionnaire Completed 4/2/2019

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	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 - 2018

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 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	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	133	133
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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	3.00
LPN's	1.00
Certified Aides	8.00
Other Health Staff	0.00
Non-Health Staff	2.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	635,717	0	0	0	635,717	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. 61448

Reference Numbers

Facility ID	6005060	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator
Jennifer Dunk, LNHA

Contact Person and Telephone
Jori E Shull
309-289-2338

Registered Agent Information

Date Questionnaire Completed 4/1/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	148
Total Discharges 2017	153
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	13
Mental Illness	11
Developmental Disability	1
Circulatory System	35
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	5
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	112

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	169	153	131	153	112	57	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	153	131	153	112	57	169	157

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1212	2.0%	22546	39.3%	0	319	20130	0	44207	71.7%	79.2%
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	1212	2.0%	22546	39.3%	0	319	20130	0	44207	71.7%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	10	0	0	0	0	0	0	5	10	15
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	24	88	0	0	0	0	0	0	24	88	112

Knox County Nursing Home
800 N. Market St
Knoxville, IL. 61448

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	56	0	2	50	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	4	56	0	2	50	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	183	148
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	107	0	0	0	107
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	13.00
Certified Aides	51.00
Other Health Staff	14.00
Non-Health Staff	47.00
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
10.3%	26.6%	3.6%	8.3%	51.3%	100.0%		
827,053	2,144,821	292,609	665,760	4,132,004	8,062,247	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

La Harpe Davier Health Care Center
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	36
Total Discharges 2017	45
Residents on 12/31/2017	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	2
Mental Illness	8
Developmental Disability	1
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	24

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	24	21	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	24	21	45	45

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	865	5.3%	5167	31.5%	0	38	4181	0	10251	62.4%	62.4%
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	865	5.3%	5167	31.5%	0	38	4181	0	10251	62.4%	62.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	1	4	0	0	0	0	0	0	1	4	5
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	6	18	0	0	0	0	0	0	6	18	24

La Harpe Davier Health Care Center
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	2	11	0	0	11	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	2	11	0	0	11	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.00
Registered Nurses	0.00
LPN's	4.00
Certified Aides	10.00
Other Health Staff	1.00
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
14.0%	44.0%	0.0%	1.0%	41.0%	100.0%		
204,786	641,465	0	14,454	598,097	1,458,802	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
Levi Graham

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	6	5	1		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	0	6	5	1	0	6

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1908	87.1%	0	0	0	0	1908	87.1%	87.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1908	87.1%	0	0	0	0	1908	87.1%	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	88.4%	0.9%	0.0%	10.7%	100.0%		
0	315,138	3,235	0	38,017	356,390	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 Swortzel
8707 Skokie Blvd
Skokie, IL 60077

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	358
Total Discharges 2017	360
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	9
Respiratory System	2
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	3
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	70	70	70	70	61	9	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	61	9	50	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6814	37.3%	0	0.0%	0	0	15885	730	23429	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	6814	37.3%	0	0.0%	0	0	15885	730	23429	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
85+	14	26	0	0	0	0	0	0	14	26	40
TOTALS	22	39	0	0	0	0	0	0	22	39	61

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	13	0	0	0	45	3	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	13	0	0	0	45	3	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	503	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	21.30
LPN's	3.00
Certified Aides	33.30
Other Health Staff	8.40
Non-Health Staff	29.90
Totals	97.90

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
37.0%	0.0%	0.0%	0.2%	62.8%	100.0%		
4,390,059	0	0	20,250	7,456,357	11,866,666	379,267	3.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakefront Nursing
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 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	107
Total Discharges 2017	107
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	0
Circulatory System	39
Respiratory System	23
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	96

Total Residents Diagnosed as Mentally Ill 66

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	99	99	99	99	96	3	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	96	3	99	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	903	2.5%	32164	89.0%	442	0	320	0	33829	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	903	2.5%	32164	89.0%	442	0	320	0	33829	93.6%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	9	0	0	0	0	0	0	19	9	28
60 to 64	18	4	0	0	0	0	0	0	18	4	22
65 to 74	16	6	0	0	0	0	0	0	16	6	22
75 to 84	7	3	0	0	0	0	0	0	7	3	10
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	71	25	0	0	0	0	0	0	71	25	96

Lakefront Nursing
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	3	90	2	0	1	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	3	90	2	0	1	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	48	0	0	0	48
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	11	0	0	0	11
Non-Hispanic	85	0	0	0	85
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	5.00
LPN's	17.00
Certified Aides	35.00
Other Health Staff	40.00
Non-Health Staff	0.00
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
14.8%	80.6%	1.8%	2.8%	0.0%	100.0%		
907,891	4,952,368	111,113	173,824	0	6,145,196	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakeland Rehabilitation and Healthcare
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
Effingham, IL 62401

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	463
Total Discharges 2017	469
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	3
Mental Illness	15
Developmental Disability	0
Circulatory System	28
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	13
Other Medical Conditions	6
Non-Medical Conditions	1
TOTALS	101

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	154	143	116	143	101	53	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	143	116	143	101	53	154	139

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8333	14.8%	16408	32.3%	0	1090	10696	0	36527	65.0%	70.0%
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	8333	14.8%	16408	32.3%	0	1090	10696	0	36527	65.0%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	8	16	0	0	0	0	0	0	8	16	24
85+	7	45	0	0	0	0	0	0	7	45	52
TOTALS	25	76	0	0	0	0	0	0	25	76	101

Lakeland Rehabilitation and Healthcare
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	18	50	0	3	30	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	18	50	0	3	30	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	101	0	0	0	101
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	11.00
LPN's	15.00
Certified Aides	48.00
Other Health Staff	2.00
Non-Health Staff	14.00
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
49.1%	28.0%	0.0%	3.4%	19.6%	100.0%		
4,472,528	2,552,272	0	308,617	1,784,062	9,117,479	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakeview Rehab and Nursing
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
Melody DeCollo

Contact Person and Telephone
Melody DeCollo
773-348-4055

Registered Agent Information
Michelle Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/9/2019

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	134
Total Admissions 2017	194
Total Discharges 2017	202
Residents on 12/31/2017	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	3
Mental Illness	7
Developmental Disability	0
Circulatory System	50
Respiratory System	16
Digestive System	5
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	126

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	178	161	0	161	126	52	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	126	52	178	178

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4251	6.5%	41305	63.6%	0	1121	1639	0	48316	74.4%	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	4251	6.5%	41305	63.6%	0	1121	1639	0	48316	74.4%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	5	0	0	0	0	0	0	6	5	11
60 to 64	10	3	0	0	0	0	0	0	10	3	13
65 to 74	18	16	0	0	0	0	0	0	18	16	34
75 to 84	16	23	0	0	0	0	0	0	16	23	39
85+	9	18	0	0	0	0	0	0	9	18	27
TOTALS	59	67	0	0	0	0	0	0	59	67	126

Lakeview Rehab and Nursing
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	9	113	0	0	4	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	113	0	0	4	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	65	0	0	0	65
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	20	0	0	0	20
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	0	0	0	0	0
Total	126	0	0	0	126

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	9.50
Director of Nursing	1.00
Registered Nurses	7.80
LPN's	13.00
Certified Aides	34.50
Other Health Staff	7.00
Non-Health Staff	21.15
Totals	94.95

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
22.7%	69.1%	0.0%	5.5%	2.7%	100.0%		
2,673,777	8,136,832	0	653,099	318,482	11,782,190	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lakewood Nursing and Rehabilation Center
14716 South 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 3/1/2019

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 - 2018

Residents on 1/1/2017	110
Total Admissions 2017	241
Total Discharges 2017	241
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	18
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	19
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	131	131	110	131	110	21	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	110	131	110	21	131	131

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7918	16.6%	25893	54.2%	0	987	6305	0	41103	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	7918	16.6%	25893	54.2%	0	987	6305	0	41103	86.0%	86.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	8	4	12
60 to 64	4	3	0	0	0	0	0	0	4	3	7
65 to 74	6	16	0	0	0	0	0	0	6	16	22
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	7	31	0	0	0	0	0	0	7	31	38
TOTALS	35	75	0	0	0	0	0	0	35	75	110

Lakewood Nursing and Rehabilation Center
14716 South 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	75	0	0	13	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	22	75	0	0	13	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	227
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	91	0	0	0	91
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

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	1.40
LPN's	1.50
Certified Aides	32.00
Other Health Staff	0.00
Non-Health Staff	40.00
Totals	76.90

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
35.7%	31.4%	0.0%	8.8%	24.1%	100.0%		
3,966,975	3,492,524	0	977,155	2,680,019	11,116,673	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Landmark of Des Plaines
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
(Jim) Demetrios Kouzios

Contact Person and Telephone
(Same as above)

Registered Agent Information
David Gross
5683 North Lincoln Avenue
Chicago, IL 60059

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	460
Total Discharges 2017	436
Residents on 12/31/2017	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	5
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	55
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	20
Non-Medical Conditions	23
TOTALS	129

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	231	231	148	231	129	102	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	129	102	231	231

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5516	6.5%	32112	38.1%	554	1448	2483	0	42113	49.9%	49.9%
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	5516	6.5%	32112	38.1%	554	1448	2483	0	42113	49.9%	49.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	15	10	0	0	0	0	0	0	15	10	25
60 to 64	12	8	0	0	0	0	0	0	12	8	20
65 to 74	13	9	0	0	0	0	0	0	13	9	22
75 to 84	10	10	0	0	0	0	0	0	10	10	20
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	68	61	0	0	0	0	0	0	68	61	129

Landmark of Des Plaines
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	18	95	0	9	7	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	18	95	0	9	7	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	312	242
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
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	15	0	0	0	15
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	129	0	0	0	129

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	20.00
Certified Aides	50.00
Other Health Staff	15.00
Non-Health Staff	40.00
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
24.7%	63.9%	0.0%	6.3%	5.1%	100.0%		
3,498,670	9,037,742	0	896,038	721,546	14,153,996	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Landmark of Richton Park Rehabilitation and Nurs
22660 S. Cicero Ave
Richton Park , IL. 60471

Reference Numbers

Facility ID	6007918	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Rich Township

Administrator
Callie Graham

Contact Person and Telephone
Callie Graham
708-747-6120

Registered Agent Information

Date Questionnaire Completed 4/16/2019

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	145
Total Admissions 2017	130
Total Discharges 2017	149
Residents on 12/31/2017	126

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	9
Mental Illness	5
Developmental Disability	0
Circulatory System	21
Respiratory System	39
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	126

Total Residents Diagnosed as Mentally Ill 5

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	294	294	126	294	126	168	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	126	294	126	168	294	294

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2597	2.4%	45213	42.1%	469	469	471	0	49219	45.9%	45.9%
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	2597	2.4%	45213	42.1%	469	469	471	0	49219	45.9%	45.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	23	12	0	0	0	0	0	0	23	12	35
60 to 64	15	9	0	0	0	0	0	0	15	9	24
65 to 74	19	18	0	0	0	0	0	0	19	18	37
75 to 84	8	6	0	0	0	0	0	0	8	6	14
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	74	52	0	0	0	0	0	0	74	52	126

Landmark of Richton Park Rehabilitation and Nurs
22660 S. Cicero Ave
Richton Park , IL. 60471

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	5	109	4	5	3	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	5	109	4	5	3	0	126

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	320	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	93	0	0	0	93
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	121	0	0	0	121
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	20.00
LPN's	39.00
Certified Aides	53.00
Other Health Staff	15.00
Non-Health Staff	50.00
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
16.0%	80.1%	0.9%	2.0%	1.0%	100.0%		
1,634,709	8,171,917	90,611	200,008	100,405	10,197,650	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
Jim Olsen
707 Etna Road
Ottawa, IL 61350

Date Questionnaire Completed 3/28/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	42
Total Discharges 2017	34
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	14
Developmental Disability	0
Circulatory System	8
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	2
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	83	91	53	83	53	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	83	91	53	83	53	30	83	83

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1308	4.3%	7573	25.0%	0	111	8043	0	17035	56.2%	51.3%
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	1308	4.3%	7573	25.0%	0	111	8043	0	17035	56.2%	51.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	11	0	0	0	0	0	0	5	11	16
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	11	42	0	0	0	0	0	0	11	42	53

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	3	21	0	0	29	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	3	21	0	0	29	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	157	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8.00
LPN's	7.00
Certified Aides	18.00
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
24.3%	24.7%	0.0%	0.3%	50.7%	100.0%		
742,451	756,345	0	10,391	1,549,343	3,058,530	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 4/4/2019

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 - 2018

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 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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	14	16	14	2	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4869	83.4%	0	0	0	0	4869	83.4%	83.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4869	83.4%	0	0	0	0	4869	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	3	0	0	0	3	3
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	10	4	0	0	10	4	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	80.0%	1.9%	0.0%	18.0%	100.0%		
0	460,335	11,090	0	103,831	575,256	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	66
Total Admissions 2017	42
Total Discharges 2017	42
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	30
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	1
Circulatory System	4
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	66

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	90	90	71	90	66	24	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	71	90	66	24	90	90

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	859	2.6%	20849	63.5%	0	0	2871	0	24579	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	859	2.6%	20849	63.5%	0	0	2871	0	24579	74.8%	74.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	2	3	5
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	13	12	0	0	0	0	0	0	13	12	25
85+	2	15	0	0	0	0	0	0	2	15	17
TOTALS	27	39	0	0	0	0	0	0	27	39	66

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	50	6	0	8	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	2	50	6	0	8	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	57	0	0	0	57
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	6.00
LPN's	25.00
Certified Aides	49.00
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
3.5%	85.3%	0.0%	0.5%	10.7%	100.0%		
109,455	2,645,080	0	14,910	333,165	3,102,610	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lebanon Terrace
221 E 3rd St
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 Blisset

Contact Person and Telephone
Doris Brock
618-537-4133

Registered Agent Information

Date Questionnaire Completed 5/20/2019

ADMISSION RESTRICTIONS

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 - 2018

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	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	0	15	1	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

Lebanon Terrace
221 E 3rd St
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	5.00
Director of Nursing	0.00
Registered Nurses	1.00
LPN's	1.00
Certified Aides	7.00
Other Health Staff	0.00
Non-Health Staff	0.00
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%	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.

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 4/18/2019

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 - 2018

Residents on 1/1/2017	220
Total Admissions 2017	313
Total Discharges 2017	305
Residents on 12/31/2017	228

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	38
Alzheimer Disease	79
Mental Illness	37
Developmental Disability	0
Circulatory System	36
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	228

Total Residents Diagnosed as Mentally Ill 186

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	262	262	242	262	228	34	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	242	262	228	34	262	262

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7194	7.5%	60236	63.0%	0	305	15901	0	83636	87.5%	87.5%
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	7194	7.5%	60236	63.0%	0	305	15901	0	83636	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	6	0	0	0	0	0	0	5	6	11
65 to 74	14	24	0	0	0	0	0	0	14	24	38
75 to 84	24	47	0	0	0	0	0	0	24	47	71
85+	22	78	0	0	0	0	0	0	22	78	100
TOTALS	70	158	0	0	0	0	0	0	70	158	228

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	167	0	0	47	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	14	167	0	0	47	0	228

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	286	261
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	213	0	0	0	213
Race Unknown	0	0	0	0	0
Total	228	0	0	0	228

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	217	0	0	0	217
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	41.00
LPN's	9.00
Certified Aides	61.00
Other Health Staff	8.00
Non-Health Staff	54.00
Totals	175.00

NET REVENUE BY PAYOR 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%	55.6%	0.0%	3.2%	21.7%	100.0%		
3,691,410	10,503,707	0	606,302	4,105,964	18,907,383	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lemont Nursing and Rehabilitation 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 4/15/2019

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 - 2018

Residents on 1/1/2017	132
Total Admissions 2017	441
Total Discharges 2017	431
Residents on 12/31/2017	142

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	42
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	32
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	142

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	164	168	142	31	173	147
Skilled Under 22	0	0	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	164	168	142	31	173	147

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14062	22.3%	26620	49.6%	0	0	9128	0	49810	78.9%	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	14062	22.3%	26620	49.6%	0	0	9128	0	49810	78.9%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	13	21	0	0	0	0	0	0	13	21	34
85+	18	62	0	0	0	0	0	0	18	62	80
TOTALS	43	99	0	0	0	0	0	0	43	99	142

Lemont Nursing and Rehabilitation 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	79	0	3	33	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	27	79	0	3	33	0	142

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	340	310
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	141	0	0	0	141
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	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
Total	142	0	0	0	142

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	27.00
Other Health Staff	59.00
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
38.0%	35.0%	0.0%	6.1%	20.9%	100.0%		
5,224,639	4,805,898	0	836,100	2,873,805	13,740,442	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
Dewayne Tremain

Contact Person and Telephone
Dewayne Tremain
815-369-4561

Registered Agent Information
Polsinelli PC
150 N Riverside, Suite 3000
Chicago, IL 60606

Date Questionnaire Completed 4/17/2019

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 - 2018

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	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	11
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	54

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	101	54	101	54	47	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	54	101	54	47	40	92

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1550	10.6%	7191	21.4%	0	417	10931	0	20089	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	1550	10.6%	7191	21.4%	0	417	10931	0	20089	54.5%	54.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	4	0	0	0	0	0	0	1	4	5
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	17	37	0	0	0	0	0	0	17	37	54

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	21	0	0	25	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	8	21	0	0	25	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	10.00
Certified Aides	30.00
Other Health Staff	0.00
Non-Health Staff	15.00
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
20.6%	27.3%	0.0%	4.7%	47.4%	100.0%		
812,268	1,080,671	0	186,551	1,872,525	3,952,015	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 Rd.
LeRoy, IL. 61752

Reference Numbers

Facility ID	6012157	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Jason Young

Contact Person and Telephone
Jason Young
513-658-9540

Registered Agent Information
J Michael Bibo
285 S. Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	66
Total Admissions 2017	68
Total Discharges 2017	69
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	31
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	4
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	102	102	73	102	65	37	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	73	102	65	37	102	102

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	5.9%	17129	46.0%	0	136	5029	731	25231	67.8%	67.8%
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	2206	5.9%	17129	46.0%	0	136	5029	731	25231	67.8%	67.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
65 to 74	3	16	0	0	0	0	0	0	3	16	19
75 to 84	10	21	0	0	0	0	0	0	10	21	31
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	18	47	0	0	0	0	0	0	18	47	65

LeRoy Manor
509 S. Buck Rd.
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	8	35	0	0	15	7	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	8	35	0	0	15	7	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	63	0	0	0	63
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	1	0	0	0	1
Non-Hispanic	64	0	0	0	64
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	8.00
LPN's	12.00
Certified Aides	23.00
Other Health Staff	0.00
Non-Health Staff	31.00
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
25.0%	48.9%	1.9%	0.6%	23.6%	100.0%		
1,174,968	2,299,848	89,436	26,347	1,111,324	4,701,923	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

Contact Person and Telephone
Cynthia Ann Schaaf
217-787-9600

Registered Agent Information
CT Corporation
208 South LaSalle Street
Chicago, IL 60604

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	156
Total Admissions 2017	710
Total Discharges 2017	712
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	16
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	30
Digestive System	11
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	17
Other Medical Conditions	0
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	171	171	166	171	154	17	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	166	171	154	17	171	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8502	13.6%	27116	74.3%	0	5240	16078	0	56936	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	8502	13.6%	27116	74.3%	0	5240	16078	0	56936	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	0	9	9
65 to 74	6	17	0	0	0	0	0	0	6	17	23
75 to 84	24	40	0	0	0	0	0	0	24	40	64
85+	21	37	0	0	0	0	0	0	21	37	58
TOTALS	51	103	0	0	0	0	0	0	51	103	154

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	16	81	0	19	38	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	16	81	0	19	38	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	210
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	154	0	0	0	154
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	17.00
LPN's	43.00
Certified Aides	90.00
Other Health Staff	2.00
Non-Health Staff	65.00
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
		0.0%					
6,720,461	3,687,323		300,898	4,221,385		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

LewisTerrace
1916 16th Street
North Chicago, IL. 60064

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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1462	######	0	0	0	0	1462	100.1%	100.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1462	######	0	0	0	0	1462	100.1%	100.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	2	2	0	0	2	2	4

LewisTerrace
1916 16th Street
North Chicago, IL. 60064

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	88.5%	1.7%	0.0%	9.8%	100.0%		
0	338,370	6,422	0	37,516	382,308	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 Road
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 4/16/2019

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 - 2018

Residents on 1/1/2017	124
Total Admissions 2017	317
Total Discharges 2017	323
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	4
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	12
Other Medical Conditions	53
Non-Medical Conditions	0
TOTALS	118

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	166	141	121	141	118	48	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	141	121	141	118	48	166	131

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7730	12.8%	28702	60.0%	0	1886	4116	0	42434	70.0%	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	7730	12.8%	28702	60.0%	0	1886	4116	0	42434	70.0%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	13	6	0	0	0	0	0	0	13	6	19
75 to 84	11	29	0	0	0	0	0	0	11	29	40
85+	13	39	0	0	0	0	0	0	13	39	52
TOTALS	39	79	0	0	0	0	0	0	39	79	118

Lexington Health Care Center of Bloomingdale, In
165 S. Bloomingdale Road
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	45	0	12	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	47	45	0	12	14	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	89	0	0	0	89
Race Unknown	16	0	0	0	16
Total	118	0	0	0	118

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	98	0	0	0	98
Ethnicity Unknown	16	0	0	0	16
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	10.80
LPN's	6.30
Certified Aides	35.30
Other Health Staff	5.20
Non-Health Staff	29.50
Totals	89.10

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
38.4%	42.6%	0.0%	8.1%	11.0%	100.0%		
4,647,141	5,161,235	0	979,953	1,327,190	12,115,519	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 4/16/2019

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 - 2018

Residents on 1/1/2017	154
Total Admissions 2017	872
Total Discharges 2017	876
Residents on 12/31/2017	150

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	39
Injuries and Poisonings	5
Other Medical Conditions	54
Non-Medical Conditions	0
TOTALS	150

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	164	193	150	53	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	164	193	150	53	203	142

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10649	14.4%	34429	66.4%	0	8944	3121	0	57143	77.1%	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	10649	14.4%	34429	66.4%	0	8944	3121	0	57143	77.1%	81.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	14	0	0	0	0	0	0	8	14	22
75 to 84	20	39	0	0	0	0	0	0	20	39	59
85+	14	43	0	0	0	0	0	0	14	43	57
TOTALS	46	104	0	0	0	0	0	0	46	104	150

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	27	0	55	16	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	52	27	0	55	16	0	150

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	70	0	0	0	70
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	11	0	0	0	11
Non-Hispanic	169	0	0	0	169
Ethnicity Unknown	0	0	0	0	0
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	14.00
LPN's	12.10
Certified Aides	40.70
Other Health Staff	9.30
Non-Health Staff	39.20
Totals	117.30

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
34.6%	32.5%	0.0%	27.2%	5.7%	100.0%		
6,493,350	6,083,643	0	5,090,477	1,074,269	18,741,739	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 Road
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
Termaine Brown

Contact Person and Telephone
Christine Thompson
360-458-4612

Registered Agent Information
James Samatas
665 W North Ave, Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	778
Total Discharges 2017	790
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	15
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	6
Other Medical Conditions	33
Non-Medical Conditions	0
TOTALS	92

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	145	116	102	16	92	53	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	102	16	92	53	142	77

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9931	19.2%	13100	46.6%	0	5324	5196	0	33551	63.4%	79.2%
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	9931	19.2%	13100	46.6%	0	5324	5196	0	33551	63.4%	79.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	12	8	0	0	0	0	0	0	12	8	20
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	12	28	0	0	0	0	0	0	12	28	40
TOTALS	33	59	0	0	0	0	0	0	33	59	92

Lexington Health Care Center of Elmhurst, Inc.
420 W. Butterfield Road
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	37	13	1	25	16	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	37	13	1	25	16	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	68	0	0	0	68
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	3	0	0	0	3
Non-Hispanic	89	0	0	0	89
Ethnicity Unknown	0	0	0	0	0
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	10.00
LPN's	8.70
Certified Aides	27.00
Other Health Staff	4.90
Non-Health Staff	36.60
Totals	89.20

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
46.8%	18.6%	0.0%	21.7%	12.9%	100.0%		
5,963,654	2,377,757	0	2,768,032	1,646,978	12,756,421	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 Road
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 Mundt

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 4/16/2018

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	840
Total Discharges 2017	841
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	31
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	120	106	88	106	66	54	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	88	106	66	54	120	40

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13423	30.6%	5885	40.3%	0	5647	2553	0	27508	62.8%	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	13423	30.6%	5885	40.3%	0	5647	2553	0	27508	62.8%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	5	7	0	0	0	0	0	0	5	7	12
75 to 84	11	9	0	0	0	0	0	0	11	9	20
85+	9	17	0	0	0	0	0	0	9	17	26
TOTALS	29	37	0	0	0	0	0	0	29	37	66

Lexington Health Care Center of LaGrange, Inc.
4735 Willow Springs Road
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	37	4	0	21	4	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	37	4	0	21	4	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	54	0	0	0	54
Race Unknown	2	0	0	0	2
Total	66	0	0	0	66

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	60	0	0	0	60
Ethnicity Unknown	3	0	0	0	3
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	9.80
LPN's	5.50
Certified Aides	21.50
Other Health Staff	6.90
Non-Health Staff	30.40
Totals	76.10

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
62.4%	8.3%	0.0%	22.7%	6.7%	100.0%		
8,206,035	1,085,824	0	2,981,068	877,219	13,150,146	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 Zuirch, 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 4/16/2019

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 - 2018

Residents on 1/1/2017	176
Total Admissions 2017	607
Total Discharges 2017	627
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	17
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	75
Non-Medical Conditions	0
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	203	194	170	194	156	47	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	194	170	194	156	47	203	157

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8154	11.0%	41645	72.7%	0	2784	5257	0	57840	78.1%	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	8154	11.0%	41645	72.7%	0	2784	5257	0	57840	78.1%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	0	0	0	0	0	0	0	1	1
65 to 74	7	9	0	0	0	0	0	0	7	9	16
75 to 84	18	32	0	0	0	0	0	0	18	32	50
85+	14	71	0	0	0	0	0	0	14	71	85
TOTALS	41	115	0	0	0	0	0	0	41	115	156

Lexington Health Care Center of Lake Zurich, Inc.
900 S Rand Road
Lake Zuirch, 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	53	39	0	35	29	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	53	39	0	35	29	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	151	0	0	0	151
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	3	0	0	0	3
Non-Hispanic	153	0	0	0	153
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	18.40
LPN's	4.40
Certified Aides	39.40
Other Health Staff	5.60
Non-Health Staff	37.90
Totals	107.70

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
33.7%	45.4%	0.0%	9.3%	11.6%	100.0%		
5,234,226	7,053,054	0	1,441,301	1,798,908	15,527,489	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. Finley 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 Samats
665 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	148
Total Admissions 2017	414
Total Discharges 2017	421
Residents on 12/31/2017	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	94
Non-Medical Conditions	0
TOTALS	141

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	224	178	150	178	141	83	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	178	150	178	141	83	215	215

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5149	6.6%	38122	48.6%	0	1726	7373	0	52370	64.1%	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	5149	6.6%	38122	48.6%	0	1726	7373	0	52370	64.1%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	14	27	0	0	0	0	0	0	14	27	41
85+	15	71	0	0	0	0	0	0	15	71	86
TOTALS	34	107	0	0	0	0	0	0	34	107	141

Lexington Health Care Center of Lombard, Inc.
2100 S. Finley 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	25	37	0	11	68	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	25	37	0	11	68	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	13	0	0	0	13
Hawaiian/Pacific Isl.	0	0	0	0	0
White	121	0	0	0	121
Race Unknown	3	0	0	0	3
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	135	0	0	0	135
Ethnicity Unknown	3	0	0	0	3
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	14.20
LPN's	4.80
Certified Aides	34.10
Other Health Staff	7.10
Non-Health Staff	37.90
Totals	100.10

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
23.8%	47.1%	0.0%	6.5%	22.6%	100.0%		
3,358,259	6,629,891	0	916,840	3,184,300	14,089,290	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
655 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	169
Total Admissions 2017	383
Total Discharges 2017	372
Residents on 12/31/2017	180

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	25
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	13
Injuries and Poisonings	9
Other Medical Conditions	73
Non-Medical Conditions	0
TOTALS	180

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	275	254	180	254	180	95	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	254	180	254	180	95	259	215

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8784	9.3%	43178	55.0%	0	2764	3814	0	58540	58.3%	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	8784	9.3%	43178	55.0%	0	2764	3814	0	58540	58.3%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	5	0	0	0	0	0	0	3	5	8
65 to 74	11	18	0	0	0	0	0	0	11	18	29
75 to 84	13	34	0	0	0	0	0	0	13	34	47
85+	9	77	0	0	0	0	0	0	9	77	86
TOTALS	40	140	0	0	0	0	0	0	40	140	180

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	74	49	0	22	35	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	74	49	0	22	35	0	180

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	124	0	0	0	124
Race Unknown	10	0	0	0	10
Total	180	0	0	0	180

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	162	0	0	0	162
Ethnicity Unknown	10	0	0	0	10
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	13.50
LPN's	13.10
Certified Aides	49.50
Other Health Staff	9.90
Non-Health Staff	38.40
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
		0.0%					
6,034,993	7,853,915		1,397,562	1,257,863		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
Ivy Gleeson

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
655 W. North Ave, Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	162
Total Admissions 2017	366
Total Discharges 2017	382
Residents on 12/31/2017	146

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	214	192	156	192	146	68	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	156	192	146	68	214	182

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7175	9.2%	41997	63.2%	0	1822	3558	0	54552	69.8%	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	7175	9.2%	41997	63.2%	0	1822	3558	0	54552	69.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

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	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
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	13.30
LPN's	8.40
Certified Aides	42.70
Other Health Staff	8.00
Non-Health Staff	36.20
Totals	110.60

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%	52.2%	0.0%	6.7%	8.5%	100.0%		
4,548,805	7,274,154	0	928,660	1,180,515	13,932,134	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
Jason Lee

Contact Person and Telephone
Christine Thompson
630-458-4612

Registered Agent Information
James Samatas
655 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	158
Total Admissions 2017	317
Total Discharges 2017	335
Residents on 12/31/2017	140

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	14
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	11
Other Medical Conditions	75
Non-Medical Conditions	0
TOTALS	140

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	214	172	152	172	140	74	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	172	152	172	140	74	214	182

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6726	8.6%	43380	65.3%	0	1328	1850	0	53284	68.2%	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	6726	8.6%	43380	65.3%	0	1328	1850	0	53284	68.2%	84.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	7	18	0	0	0	0	0	0	7	18	25
75 to 84	18	23	0	0	0	0	0	0	18	23	41
85+	13	56	0	0	0	0	0	0	13	56	69
TOTALS	41	99	0	0	0	0	0	0	41	99	140

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	56	48	3	12	21	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	56	48	3	12	21	0	140

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	10	0	0	0	10
Hawaiian/Pacific Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	17	0	0	0	17
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	114	0	0	0	114
Ethnicity Unknown	17	0	0	0	17
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	10.50
LPN's	10.30
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	36.60
Totals	103.40

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
31.8%	58.2%	0.0%	5.2%	4.7%	100.0%		
4,289,572	7,843,933	0	707,174	633,324	13,474,003	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
655 W. North Ave., Suite 500
Lombard, IL 60148

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	170
Total Admissions 2017	193
Total Discharges 2017	190
Residents on 12/31/2017	173

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	19
Developmental Disability	0
Circulatory System	25
Respiratory System	11
Digestive System	5
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	7
Injuries and Poisonings	8
Other Medical Conditions	78
Non-Medical Conditions	0
TOTALS	173

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	215	200	175	200	173	42	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	200	175	200	173	42	215	193

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4316	5.5%	53563	76.0%	0	452	3462	0	61793	78.7%	84.6%
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	4316	5.5%	53563	76.0%	0	452	3462	0	61793	78.7%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	17	37	0	0	0	0	0	0	17	37	54
85+	19	71	0	0	0	0	0	0	19	71	90
TOTALS	48	125	0	0	0	0	0	0	48	125	173

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	37	60	0	7	69	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	37	60	0	7	69	0	173

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	410	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	164	0	0	0	164
Race Unknown	0	0	0	0	0
Total	173	0	0	0	173

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	173	0	0	0	173

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.60
LPN's	12.30
Certified Aides	49.00
Other Health Staff	7.20
Non-Health Staff	43.60
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
19.5%	70.4%	0.0%	1.7%	8.4%	100.0%		
2,707,373	9,801,219	0	238,022	1,169,200	13,915,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Libertyviille 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
John Stokovich

Contact Person and Telephone
Milan Stokovich
847-680-2082

Registered Agent Information
Mr. John Fadden
400 Lathrop Avenue
River Forest, IL 60305

Date Questionnaire Completed 5/7/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	115
Total Discharges 2017	118
Residents on 12/31/2017	45

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	15
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	45

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	174	150	51	150	45	129	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	51	150	45	129	31	63

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2677	23.7%	2087	9.1%	0	0	12415	0	17179	27.0%	31.4%
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	2677	23.7%	2087	9.1%	0	0	12415	0	17179	27.0%	31.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	0	3	6	9
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	9	36	0	0	0	0	0	0	9	36	45

Libertyviille 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	4	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	4	4	0	0	37	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	214
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
Physicians	0.03
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	7.50
Certified Aides	14.50
Other Health Staff	3.50
Non-Health Staff	21.50
Totals	54.03

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
23.9%	3.4%	0.0%	0.0%	72.7%	100.0%		
938,918	133,997	0	0	2,858,219	3,931,134	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
Scott Hochstadt

Contact Person and Telephone
Thomas Lockwood
773-508-1072

Registered Agent Information
Thomas Lockwood, CFO CJE Senior Life
3003 W. Touhy Avenue
Chicago, IL 60645

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	207
Total Admissions 2017	424
Total Discharges 2017	414
Residents on 12/31/2017	217

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	13
Blood Disorders	4
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	41
Respiratory System	18
Digestive System	11
Genitourinary System Disorders	10
Skin Disorders	4
Musculo-skeletal Disorders	15
Injuries and Poisonings	37
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	217

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	217	23	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	217	23	240	216

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9435	10.8%	58942	74.8%	0	0	10315	0	78692	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	9435	10.8%	58942	74.8%	0	0	10315	0	78692	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	0	6	6
65 to 74	13	16	0	0	0	0	0	0	13	16	29
75 to 84	22	34	0	0	0	0	0	0	22	34	56
85+	34	91	0	0	0	0	0	0	34	91	125
TOTALS	69	148	0	0	0	0	0	0	69	148	217

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	166	0	0	26	0	217
Skilled Under 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	166	0	0	26	0	217

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	388	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	10	0	0	0	10
American Indian	1	0	0	0	1
Black	4	0	0	0	4
Hawaiian/Pacific Isl.	0	0	0	0	0
White	186	0	0	0	186
Race Unknown	14	0	0	0	14
Total	215	0	0	0	215

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	36.00
LPN's	20.00
Certified Aides	96.00
Other Health Staff	9.00
Non-Health Staff	74.00
Totals	237.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.2%	49.3%	0.0%	0.0%	17.6%	100.0%		
6,904,559	10,260,398	0	0	3,661,964	20,826,921	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5343	91.5%	0	0	0	0	5343	91.5%	91.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5343	91.5%	0	0	0	0	5343	91.5%	91.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.25
Physicians	0.00
Director of Nursing	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	76.5%	1.7%	0.0%	21.8%	100.0%		
0	494,824	10,989	0	140,685	646,498	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lincolnwood Place
7000 N 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 Burke

Contact Person and Telephone
Andrew Burke
847-982-3413

Registered Agent Information
Steve Levy
303 E Upper Wacker Drive, #2400
Chicago, IL 60601

Date Questionnaire Completed 4/15/2019

Continuing Care Retirement Community

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	238
Total Discharges 2017	237
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	0
Circulatory System	14
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	54

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	40	40	37	40	31	9	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	23	2		
TOTAL BEDS	65	65	62	65	54	11	40	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4716	32.3%	0	0.0%	0	1526	4687	0	10929	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	8864	0	8864	97.1%	97.1%
TOTALS	4716	32.3%	0	0.0%	0	1526	13551	0	19793	83.4%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	7	0	0	0	0	2	2	7	9	16
85+	5	10	0	0	0	0	7	12	12	22	34
TOTALS	13	18	0	0	0	0	9	14	22	32	54

Lincolnwood Place
7000 N 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	10	0	0	9	12	0	31
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	23	0	23
TOTALS	10	0	0	9	35	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	312
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	250

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	2	0	0	3	5
American Indian	0	0	0	0	0
Black	0	0	0	1	1
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	19	48
Race Unknown	0	0	0	0	0
Total	31	0	0	23	54

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	31	0	0	23	54
Ethnicity Unknown	0	0	0	0	0
Total	31	0	0	23	54

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
36.3%	0.0%	0.0%	22.0%	41.7%	100.0%		
1,116,789	0	0	677,502	1,284,399	3,078,690	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 4/17/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	4	4	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.75
LPN's	
Certified Aides	10.57
Other Health Staff	1.00
Non-Health Staff	1.66
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%	83.5%	0.0%	16.5%	0.0%	100.0%		
0	591,762	0	117,007	0	708,769	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. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	0	4	4	0	0	4

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1233	84.5%	0	0	0	0	1233	84.5%	84.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1233	84.5%	0	0	0	0	1233	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	82.9%	1.4%	0.0%	15.7%	100.0%		
0	262,208	4,389	0	49,569	316,166	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Little Sisters of the Poor, Chicago/St. Mary's Hom
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 Martin, l.s.p.

Contact Person and Telephone
Sr. Carolyn Martin, l.s.p.
773-935-9600

Registered Agent Information

Date Questionnaire Completed 6/14/2019

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	26
Total Discharges 2017	21
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	23
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	1
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	76	0	0	76	72	4	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	0	0	76	72	4	0	76

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	386	0.0%	24224	87.3%	0	0	785	0	25395	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	386	0.0%	24224	87.3%	0	0	785	0	25395	91.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	5	3	8
75 to 84	7	7	0	0	0	0	0	0	7	7	14
85+	8	42	0	0	0	0	0	0	8	42	50
TOTALS	20	52	0	0	0	0	0	0	20	52	72

Little Sisters of the Poor, Chicago/St. Mary's Hom
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	69	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	0	69	0	0	3	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	65	0	0	0	65
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	7.50
LPN's	7.70
Certified Aides	31.30
Other Health Staff	0.00
Non-Health Staff	39.70
Totals	88.20

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
1.7%	73.0%	23.5%	0.0%	1.7%	100.0%		
65,779	2,745,197	885,458	1,005	62,651	3,760,090	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 Ave
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
Jennifer Davey

Contact Person and Telephone
Jennifer Davey
773-522-0400

Registered Agent Information
Steve Sher
208 S Lasalle St Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	86
Total Discharges 2017	85
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	19
Respiratory System	27
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	91

Total Residents Diagnosed as Mentally Ill 86

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	106	106	99	106	91	15	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	99	106	91	15	14	106

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2894	56.6%	31874	82.4%	0	33	0	0	34801	89.9%	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	2894	56.6%	31874	82.4%	0	33	0	0	34801	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	9	2	11
45 to 59	22	12	0	0	0	0	0	0	22	12	34
60 to 64	15	7	0	0	0	0	0	0	15	7	22
65 to 74	12	4	0	0	0	0	0	0	12	4	16
75 to 84	5	1	0	0	0	0	0	0	5	1	6
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	64	27	0	0	0	0	0	0	64	27	91

Little Village Nursing and Rehabilitation Center
2320 S Lawndale Ave
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	80	0	0	0	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	11	80	0	0	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	83	0	0	0	83

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	8	0	0	0	8
Non-Hispanic	83	0	0	0	83
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	0.73
LPN's	7.98
Certified Aides	14.08
Other Health Staff	1.99
Non-Health Staff	29.68
Totals	56.45

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
25.9%	73.8%	0.0%	0.3%	0.0%	100.0%		
1,697,701	4,827,594	0	17,337	0	6,542,632	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Loft Rehabilitation and Nursing of Normal
510 Broadway
Normal, IL. 61761

Reference Numbers

Facility ID	6000244	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
Daniel Aaron

Contact Person and Telephone
Daniel Aaron
309-452-4406

Registered Agent Information

Date Questionnaire Completed 5/3/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	10
Total Discharges 2017	9
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	13
Mental Illness	9
Developmental Disability	8
Circulatory System	0
Respiratory System	4
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	64

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	116	0	0	97	64	52	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	0	0	97	64	52	116	116

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	184	0.4%	1437	3.4%	0	35	250	0	1906	4.5%	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	184	0.4%	1437	3.4%	0	35	250	0	1906	4.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	8	5	0	0	0	0	0	0	8	5	13
75 to 84	6	15	0	0	0	0	0	0	6	15	21
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	25	39	0	0	0	0	0	0	25	39	64

Loft Rehabilitation and Nursing of Normal
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	49	0	1	8	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	49	0	1	8	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	276	263
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	12	0	0	0	12
Hawaiian/Pacific Isl.	0	0	0	0	0
White	45	0	0	0	45
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	0.00
Registered Nurses	9.00
LPN's	10.00
Certified Aides	30.00
Other Health Staff	5.00
Non-Health Staff	20.00
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
26.8%	51.8%	0.0%	4.3%	17.2%	100.0%		
106,000	205,000	0	17,000	68,000	396,000	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

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 - 2018

Residents on 1/1/2017	15
Total Admissions 2017	40
Total Discharges 2017	40
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	3
Developmental Disability	0
Circulatory System	4
Respiratory System	2
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	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	18	18	18	18	15	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	18	18	18	18	15	3	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	374	0.0%	0	0.0%	0	152	5600	0	6126	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	374	0.0%	0	0.0%	0	152	5600	0	6126	93.2%	93.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	0	0	0	0	0	0	0	1	0	1
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	4	11	0	0	0	0	0	0	4	11	15

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	15	0	15
Skilled Under 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	15	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	15	0	0	0	15
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	0	0	0	0	0
Non-Hispanic	15	0	0	0	15
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	0	15

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	6.44
Other Health Staff	1.00
Non-Health Staff	7.00
Totals	21.92

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
23.1%	0.0%	0.0%	1.7%	75.2%	100.0%		
547,169	0	0	39,433	1,780,530	2,367,132	26,568	1.1%

*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 4/10/2019

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 - 2018

Residents on 1/1/2017	55
Total Admissions 2017	116
Total Discharges 2017	111
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	62	96	60	36	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	62	96	60	36	96	96

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3383	9.7%	5848	16.7%	0	325	10652	0	20208	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	3383	9.7%	5848	16.7%	0	325	10652	0	20208	57.7%	57.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	13	0	0	0	0	0	0	4	13	17
85+	8	30	0	0	0	0	0	0	8	30	38
TOTALS	15	45	0	0	0	0	0	0	15	45	60

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	9	18	0	1	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	9	18	0	1	32	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	152
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	12.00
LPN's	4.00
Certified Aides	44.00
Other Health Staff	15.00
Non-Health Staff	36.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
24.8%	14.6%	0.0%	10.2%	50.4%	100.0%		
921,564	541,859	0	378,892	1,869,251	3,711,566	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Lutheran Home for the Aged
800 W 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
Lori Smith
3150 Salt Creek Lane
Arlington Heights, IL 60005

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	301
Total Admissions 2017	1,793
Total Discharges 2017	1,781
Residents on 12/31/2017	313

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	27
Blood Disorders	0
*Nervous System Non Alzheimer	42
Alzheimer Disease	78
Mental Illness	0
Developmental Disability	0
Circulatory System	32
Respiratory System	58
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	36
Injuries and Poisonings	40
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	313

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	354	354	324	354	310	44	284	232
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	22	22	0	22	3	19		
TOTAL BEDS	376	376	324	376	313	63	284	232

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	34555	33.3%	16927	20.0%	0	7711	50766	0	109959	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	316	0	316	3.9%	3.9%
TOTALS	34555	33.3%	16927	20.0%	0	7711	51082	0	110275	80.4%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	10	28	0	0	0	0	0	0	10	28	38
75 to 84	36	80	0	0	0	0	0	0	36	80	116
85+	60	85	0	0	0	0	0	3	60	88	148
TOTALS	110	200	0	0	0	0	0	3	110	203	313

Lutheran Home for the Aged
800 W 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	90	41	0	30	149	0	310
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	90	41	0	30	149	0	310

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	558	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	270

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.	4	0	0	0	4
White	302	0	0	0	302
Race Unknown	2	0	0	0	2
Total	310	0	0	0	310

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	310	0	0	0	310
Ethnicity Unknown	2	0	0	0	2
Total	313	0	0	0	313

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	68.00
LPN's	6.00
Certified Aides	145.00
Other Health Staff	20.00
Non-Health Staff	180.00
Totals	421.00

NET REVENUE BY PAYOR 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%	5.8%	0.0%	5.6%	57.2%	100.0%		
17,311,381	3,197,924	0	3,064,175	31,460,673	55,034,153	1,538,066	2.8%

*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
Cristy Bixler

Contact Person and Telephone
Cristy Bixler
618-548-0353

Registered Agent Information
Marvin Miller
623 E Broadway
Centralia, IL 62881

Date Questionnaire Completed 5/13/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
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	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 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	13	3		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	13	3	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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%	11699	0	88482	0	105474	1806.1%	1806.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5293	90.6%	11699	0	88482	0	105474	1806.1%	1806.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	3	1	0	0	3	1	4
75 to 84	0	0	0	0	0	2	0	0	0	2	2
85+	0	0	0	0	2	0	0	0	2	0	2
TOTALS	0	0	0	0	8	5	0	0	8	5	13

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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%			0.0%				
	510,062	11,699	0	88,482		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
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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2179	99.5%	0	0	0	0	2179	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2179	99.5%	0	0	0	0	2179	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	0	1	0	1
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	89.0%	1.3%	0.0%	9.7%	100.0%		
0	413,118	6,215	0	44,860	464,193	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MacNeal Hospital
3249 South Qak Park Avenue
Berwyn, IL. 60402

Reference Numbers

Facility ID	6014476	
Health Service Area	007	
Planning Service Area	704	Planning Area 7-D
County	031	Berwyn Township

Administrator
M.E. Cleary

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 4/18/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	0
Total Admissions 2017	434
Total Discharges 2017	419
Residents on 12/31/2017	15

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	0
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	7
Other Medical Conditions	3
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	25	25	18	25	15	10	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	25	25	18	25	15	10	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6044	0.0%	21	0.0%	0	403	48	0	6516	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	6044	0.0%	21	0.0%	0	403	48	0	6516	71.4%	71.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
85+	2	4	0	0	0	0	0	0	2	4	6
TOTALS	4	11	0	0	0	0	0	0	4	11	15

MacNeal Hospital
3249 South Qak Park Avenue
Berwyn, IL. 60402

Classification Numbers

Facility ID	6014476	
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	15	0	0	0	0	0	15
Skilled Under 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	0	0	0	15

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	696	696
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8	0	0	0	8
Race Unknown	7	0	0	0	7
Total	15	0	0	0	15

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	0	0	0	0	0
Total	15	0	0	0	15

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.20
Director of Nursing	1.00
Registered Nurses	12.10
LPN's	0.00
Certified Aides	10.85
Other Health Staff	5.50
Non-Health Staff	1.00
Totals	31.65

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
83.0%	0.1%	0.0%	16.3%	0.5%	100.0%		
3,038,952	4,428	0	597,737	18,642	3,659,759	69,770	1.9%

*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 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 4/4/2019

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 - 2018

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	0	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	0	4	4	0	0	4

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	
Registered Nurses	0.12
LPN's	0.60
Certified Aides	6.50
Other Health Staff	0.25
Non-Health Staff	0.00
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
0.0%	95.2%	2.7%	0.0%	2.1%	100.0%		
0	305,852	8,832	0	6,744	321,428	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

MADO 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 SR.
405 N. WABASH AVEN. STE. P2W
Chicago, IL 60611

Date Questionnaire Completed 4/18/2019

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	1

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	121
Total Admissions 2017	50
Total Discharges 2017	47
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	39
Blood Disorders	3
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	6
Circulatory System	40
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
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	132	132	129	132	124	8	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	129	132	124	8	0	132

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17283	0.0%	26390	54.8%	0	0	0	0	43673	90.6%	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	17283	0.0%	26390	54.8%	0	0	0	0	43673	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	16	17	0	0	0	0	0	0	16	17	33
60 to 64	15	9	0	0	0	0	0	0	15	9	24
65 to 74	23	25	0	0	0	0	0	0	23	25	48
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	63	61	0	0	0	0	0	0	63	61	124

MADO 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	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
Nursing Care	140	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	38	0	0	0	38
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
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	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

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	21.00
Other Health Staff	20.00
Non-Health Staff	33.00
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
39.5%	60.5%	0.0%	0.0%	0.0%	100.0%		
2,220,938	3,394,828	0	0	0	5,615,766	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mahoney House
6300 North 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 3/15/2019

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 - 2018

Residents on 1/1/2017	10
Total Admissions 2017	2
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 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		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0	0	12

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4269	97.5%	0	0	0	0	4269	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4269	97.5%	0	0	0	0	4269	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	6	0	0	0	6	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	0	12	0	0	0	12	12

Mahoney House
6300 North 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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	0.22
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.54
Other Health Staff	4.91
Non-Health Staff	0.22
Totals	16.08

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
0.0%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	632,262	0	0	98,894	731,156	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Care of 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 3/15/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	929
Total Discharges 2017	913
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	8
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	96

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	151	114	105	114	96	55	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	114	105	114	96	55	151	129

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	16.7%	16776	35.6%	0	5671	1763	0	33422	60.6%	80.3%
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	9212	16.7%	16776	35.6%	0	5671	1763	0	33422	60.6%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	2	2	4
60 to 64	5	0	0	0	0	0	0	0	5	0	5
65 to 74	9	10	0	0	0	0	0	0	9	10	19
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	37	59	0	0	0	0	0	0	37	59	96

Manor Care of 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	24	50	0	15	7	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	24	50	0	15	7	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	445	306
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	79	0	0	0	79
Race Unknown	5	0	0	0	5
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	89	0	0	0	89
Ethnicity Unknown	5	0	0	0	5
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	25.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	15.00
Non-Health Staff	34.00
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
47.8%	23.3%	0.0%	21.6%	7.4%	100.0%		
5,274,450	2,574,215	0	2,380,196	812,000	11,040,861	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
Tam Wagner

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 3/15/2019

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 - 2018

Residents on 1/1/2017	158
Total Admissions 2017	1,276
Total Discharges 2017	1,269
Residents on 12/31/2017	165

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	31
Respiratory System	28
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	8
Musculo-skeletal Disorders	30
Injuries and Poisonings	18
Other Medical Conditions	10
Non-Medical Conditions	5
TOTALS	165

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	190	190	180	185	165	25	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	180	185	165	25	190	190

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	20109	29.0%	26440	38.1%	0	7718	5032	0	59299	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	20109	29.0%	26440	38.1%	0	7718	5032	0	59299	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	14	17	0	0	0	0	0	0	14	17	31
75 to 84	20	33	0	0	0	0	0	0	20	33	53
85+	15	47	0	0	0	0	0	0	15	47	62
TOTALS	58	107	0	0	0	0	0	0	58	107	165

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	82	0	18	18	0	165
Skilled Under 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	82	0	18	18	0	165

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	515	402
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	139	0	0	0	139
Race Unknown	9	0	0	0	9
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	156	0	0	0	156
Ethnicity Unknown	2	0	0	0	2
Total	165	0	0	0	165

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	10.00
Certified Aides	60.00
Other Health Staff	29.00
Non-Health Staff	54.00
Totals	194.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
54.5%	21.0%	0.0%	16.6%	7.9%	100.0%		
11,874,781	4,582,555	0	3,607,417	1,730,004	21,794,757	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 3/15/2019

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 - 2018

Residents on 1/1/2017	154
Total Admissions 2017	1,557
Total Discharges 2017	1,572
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	31
Respiratory System	10
Digestive System	8
Genitourinary System Disorders	12
Skin Disorders	10
Musculo-skeletal Disorders	18
Injuries and Poisonings	17
Other Medical Conditions	17
Non-Medical Conditions	0
TOTALS	139

Total Residents Diagnosed as Mentally Ill 91

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	188	171	188	139	63	202	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	202	188	171	188	139	63	202	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18654	25.3%	18425	72.1%	0	11483	4852	0	53414	72.4%	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	18654	25.3%	18425	72.1%	0	11483	4852	0	53414	72.4%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	6	0	0	0	0	0	0	5	6	11
65 to 74	13	26	0	0	0	0	0	0	13	26	39
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	15	40	0	0	0	0	0	0	15	40	55
TOTALS	51	88	0	0	0	0	0	0	51	88	139

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	44	60	0	26	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	44	60	0	26	9	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	489	351
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	0	0	0	0	0
White	118	0	0	0	118
Race Unknown	7	0	0	0	7
Total	139	0	0	0	139

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	132	0	0	0	132
Ethnicity Unknown	1	0	0	0	1
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	35.00
LPN's	11.00
Certified Aides	56.00
Other Health Staff	31.00
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
57.6%	10.5%	0.0%	21.6%	10.4%	100.0%		
13,197,623	2,399,923	0	4,944,828	2,381,929	22,924,303	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 3/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	100
Total Admissions 2017	920
Total Discharges 2017	913
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	37
Non-Medical Conditions	0
TOTALS	107

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	131	124	131	107	25	132	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	132	131	124	131	107	25	132	79

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9616	20.0%	23169	80.4%	0	6590	795	0	40170	83.4%	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	9616	20.0%	23169	80.4%	0	6590	795	0	40170	83.4%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	7	0	0	0	0	0	0	4	7	11
60 to 64	3	1	0	0	0	0	0	0	3	1	4
65 to 74	10	19	0	0	0	0	0	0	10	19	29
75 to 84	12	18	0	0	0	0	0	0	12	18	30
85+	8	21	0	0	0	0	0	0	8	21	29
TOTALS	39	68	0	0	0	0	0	0	39	68	107

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	62	0	26	3	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	16	62	0	26	3	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	414	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	84	0	0	0	84
Hawaiian/Pacific Isl.	0	0	0	0	0
White	19	0	0	0	19
Race Unknown	4	0	0	0	4
Total	107	0	0	0	107

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	1	0	0	0	1
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	15.00
Certified Aides	33.00
Other Health Staff	18.00
Non-Health Staff	35.00
Totals	123.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
44.9%	32.9%	0.0%	19.3%	2.9%	100.0%		
3,246,968	2,378,272	0	1,398,119	212,255	7,235,614	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
Edgar Marthiens

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 3/15/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	1,215
Total Discharges 2017	1,201
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	9
Other Medical Conditions	27
Non-Medical Conditions	18
TOTALS	110

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	150	142	130	138	110	40	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	142	130	138	110	40	150	61

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14459	26.4%	16964	76.2%	0	6793	2526	0	40742	74.4%	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	14459	26.4%	16964	76.2%	0	6793	2526	0	40742	74.4%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	6	5	11
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	13	19	0	0	0	0	0	0	13	19	32
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	18	0	0	0	0	0	0	8	18	26
TOTALS	39	71	0	0	0	0	0	0	39	71	110

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	32	53	0	15	10	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	32	53	0	15	10	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	484	363
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	11	0	0	0	11
Hawaiian/Pacific Isl.	0	0	0	0	0
White	95	0	0	0	95
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	6	0	0	0	6
Non-Hispanic	104	0	0	0	104
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	18.00
LPN's	12.00
Certified Aides	40.00
Other Health Staff	20.00
Non-Health Staff	35.00
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
68.5%	2.0%	0.0%	23.9%	5.6%	100.0%		
8,700,638	252,489	0	3,029,997	710,222	12,693,346	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 (12/27/18)

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 3/15/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	462
Total Discharges 2017	471
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	7
Mental Illness	1
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	98

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	158	147	119	147	98	60	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	119	147	98	60	158	129

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5890	10.2%	29569	62.8%	0	1958	1535	0	38952	67.5%	72.6%
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	5890	10.2%	29569	62.8%	0	1958	1535	0	38952	67.5%	72.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	8	19	0	0	0	0	0	0	8	19	27
85+	9	33	0	0	0	0	0	0	9	33	42
TOTALS	30	68	0	0	0	0	0	0	30	68	98

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	11	79	0	1	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	79	0	1	7	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	540	328
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	6	0	0	0	6
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
Race Unknown	10	0	0	0	10
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	88	0	0	0	88
Ethnicity Unknown	1	0	0	0	1
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	18.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	14.00
Non-Health Staff	31.00
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
38.5%	47.0%	0.0%	9.0%	5.4%	100.0%		
4,078,218	4,980,891	0	956,295	572,387	10,587,791	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 3/15/2019

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 - 2018

Residents on 1/1/2017	103
Total Admissions 2017	1,311
Total Discharges 2017	1,308
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	7
Other Medical Conditions	9
Non-Medical Conditions	4
TOTALS	106

Total Residents Diagnosed as Mentally Ill 62

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	122	122	121	122	106	16	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	121	122	106	16	122	66

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10439	23.4%	15926	66.1%	0	10868	2768	0	40001	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	10439	23.4%	15926	66.1%	0	10868	2768	0	40001	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	0	0	0	0	0	0	4	0	4
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	5	12	0	0	0	0	0	0	5	12	17
75 to 84	20	28	0	0	0	0	0	0	20	28	48
85+	8	20	0	0	0	0	0	0	8	20	28
TOTALS	43	63	0	0	0	0	0	0	43	63	106

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	22	47	0	30	7	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	22	47	0	30	7	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	477	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	67	0	0	0	67
Hawaiian/Pacific Isl.	0	0	0	0	0
White	34	0	0	0	34
Race Unknown	5	0	0	0	5
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	101	0	0	0	101
Ethnicity Unknown	5	0	0	0	5
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	22.00
LPN's	7.00
Certified Aides	38.00
Other Health Staff	19.00
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
43.7%	18.5%	0.0%	32.7%	5.1%	100.0%		
6,574,683	2,777,475	0	4,919,100	768,999	15,040,257	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 3/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	124
Total Admissions 2017	1,518
Total Discharges 2017	1,518
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	7
Blood Disorders	3
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	6
Musculo-skeletal Disorders	18
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	124

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	192	171	154	165	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	171	154	165	124	68	191	108

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11755	16.9%	21015	53.3%	0	11080	2140	0	45990	65.6%	73.7%
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	11755	16.9%	21015	53.3%	0	11080	2140	0	45990	65.6%	73.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	9	0	0	0	0	0	0	7	9	16
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	8	11	0	0	0	0	0	0	8	11	19
75 to 84	17	25	0	0	0	0	0	0	17	25	42
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	48	76	0	0	0	0	0	0	48	76	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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	57	0	38	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	22	57	0	38	7	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	405	279
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	39	0	0	0	39
Race Unknown	12	0	0	0	12
Total	124	0	0	0	124

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	112	0	0	0	112
Ethnicity Unknown	3	0	0	0	3
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	26.00
LPN's	11.00
Certified Aides	40.00
Other Health Staff	19.00
Non-Health Staff	44.00
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
42.3%	18.8%	0.0%	33.1%	5.8%	100.0%		
7,118,562	3,173,486	0	5,581,628	969,320	16,842,996	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
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 3/15/2019

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 - 2018

Residents on 1/1/2017	92
Total Admissions 2017	737
Total Discharges 2017	734
Residents on 12/31/2017	95

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	8
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	95

Total Residents Diagnosed as Mentally Ill 58

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	106	130	95	35	130	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	130	130	106	130	95	35	130	68

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11270	23.8%	16062	64.7%	0	4304	1830	0	33466	70.5%	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	11270	23.8%	16062	64.7%	0	4304	1830	0	33466	70.5%	70.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	3	5	8
60 to 64	4	6	0	0	0	0	0	0	4	6	10
65 to 74	15	14	0	0	0	0	0	0	15	14	29
75 to 84	10	11	0	0	0	0	0	0	10	11	21
85+	8	17	0	0	0	0	0	0	8	17	25
TOTALS	41	54	0	0	0	0	0	0	41	54	95

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	23	51	0	17	4	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	23	51	0	17	4	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	650	429
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	72	0	0	0	72
Race Unknown	7	0	0	0	7
Total	95	0	0	0	95

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	4	0	0	0	4
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	21.00
LPN's	5.00
Certified Aides	33.00
Other Health Staff	14.00
Non-Health Staff	33.00
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
50.9%	23.0%	0.0%	16.9%	9.2%	100.0%		
6,584,762	2,975,248	0	2,187,781	1,193,313	12,941,104	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 3/15/2019

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 - 2018

Residents on 1/1/2017	140
Total Admissions 2017	1,546
Total Discharges 2017	1,566
Residents on 12/31/2017	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	49
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	13
Other Medical Conditions	13
Non-Medical Conditions	0
TOTALS	120

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	184	178	161	174	120	64	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	161	174	120	64	184	90

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	22451	33.4%	17209	52.4%	0	7050	3409	0	50119	74.6%	77.1%
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	22451	33.4%	17209	52.4%	0	7050	3409	0	50119	74.6%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	2	0	0	0	0	0	0	3	2	5
60 to 64	1	5	0	0	0	0	0	0	1	5	6
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	13	28	0	0	0	0	0	0	13	28	41
85+	17	29	0	0	0	0	0	0	17	29	46
TOTALS	45	75	0	0	0	0	0	0	45	75	120

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	48	52	0	15	5	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	48	52	0	15	5	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	390	316
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	95	0	0	0	95
Race Unknown	7	0	0	0	7
Total	120	0	0	0	120

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	6	0	0	0	6
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	24.00
LPN's	14.00
Certified Aides	48.00
Other Health Staff	30.00
Non-Health Staff	48.00
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
65.8%	12.6%	0.0%	16.1%	5.6%	100.0%		
13,718,385	2,618,153	0	3,350,223	1,159,630	20,846,391	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Carbondale
2940 W 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 4/22/2019

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 - 2018

Residents on 1/1/2017	113
Total Admissions 2017	283
Total Discharges 2017	290
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	17
Developmental Disability	0
Circulatory System	19
Respiratory System	3
Digestive System	7
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	4
Injuries and Poisonings	29
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	106

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	106	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	120	120	117	120	106	14		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8905	0.0%	19768	0.0%	113	651	9703	0	39140	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	8905	0.0%	19768	0.0%	113	651	9703	0	39140	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	17	52	0	0	0	0	0	0	17	52	69
TOTALS	31	75	0	0	0	0	0	0	31	75	106

Manor Court of Carbondale
2940 W 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	24	45	0	1	36	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	24	45	0	1	36	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	99	0	0	0	99
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	105	0	0	0	105
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	6.00
LPN's	18.00
Certified Aides	78.00
Other Health Staff	16.00
Non-Health Staff	68.00
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
43.3%	33.2%	0.1%	1.5%	21.9%	100.0%		
4,039,309	3,102,769	10,304	137,039	2,042,355	9,331,776	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Clinton
1 Park Lane
Clinton, IL. 61727

Reference Numbers

Facility ID	6015879	
Health Service Area	004	
Planning Service Area	039	DeWitt
County	039	DeWitt County

Administrator
Karrie Polen

Contact Person and Telephone
Karrie Polen
217-935-8500

Registered Agent Information
J. Michael Bibo
285 S Farnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	103
Total Admissions 2017	161
Total Discharges 2017	159
Residents on 12/31/2017	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	19
Alzheimer Disease	21
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	2
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	134	134	120	134	105	29	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	120	134	105	29	134	134

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5954	12.2%	26252	53.7%	1073	246	13618	0	47143	96.4%	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	5954	12.2%	26252	53.7%	1073	246	13618	0	47143	96.4%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	9	0	0	0	0	0	0	4	9	13
75 to 84	8	26	0	0	0	0	0	0	8	26	34
85+	15	42	0	0	0	0	0	0	15	42	57
TOTALS	28	77	0	0	0	0	0	0	28	77	105

Manor Court of Clinton
1 Park Lane
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	13	58	0	0	34	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	13	58	0	0	34	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	197
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	105	0	0	0	105
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	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	5.00
LPN's	26.00
Certified Aides	65.00
Other Health Staff	10.00
Non-Health Staff	50.00
Totals	159.00

NET REVENUE BY PAYOR 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%	37.3%	1.6%	0.5%	26.9%	100.0%		
3,303,742	3,660,105	153,961	47,588	2,638,173	9,803,569	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Manor Court of Freeport
2170 West Navajo Drive
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 4/18/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	375
Total Discharges 2017	379
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	13
Mental Illness	31
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	6
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	117	117	113	117	86	31	117	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	117	117	113	117	86	31	117	95

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9097	21.3%	10067	29.0%	189	730	15668	0	35751	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	9097	21.3%	10067	29.0%	189	730	15668	0	35751	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	8	0	0	0	0	0	0	5	8	13
75 to 84	4	8	0	0	0	0	0	0	4	8	12
85+	13	45	0	0	0	0	0	0	13	45	58
TOTALS	23	63	0	0	0	0	0	0	23	63	86

Manor Court of Freeport
2170 West Navajo Drive
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	15	28	0	0	43	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	15	28	0	0	43	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	233	208
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	2.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	53.00
Other Health Staff	12.00
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
44.6%	16.5%	0.3%	1.7%	36.9%	100.0%		
4,232,678	1,559,985	25,885	163,162	3,501,387	9,483,097	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 Law

Contact Person and Telephone
Kristen Blankenship
618-288-3800

Registered Agent Information

Date Questionnaire Completed 4/19/2019

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	111
Total Admissions 2017	380
Total Discharges 2017	374
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	16
Mental Illness	25
Developmental Disability	0
Circulatory System	10
Respiratory System	7
Digestive System	5
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	6
Injuries and Poisonings	14
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	120

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	132	0	0	0	120	12	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	132	0	0	0	120	12	132	132

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5569	11.6%	22644	47.0%	0	0	9399	0	37612	78.1%	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	5569	11.6%	22644	47.0%	0	0	9399	0	37612	78.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	0	0	0	0	0	0	4	8	12
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	10	66	0	0	0	0	0	0	10	66	76
TOTALS	21	99	0	0	0	0	0	0	21	99	120

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	24	62	0	0	57	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	24	62	0	0	57	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

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	6.20
LPN's	21.48
Certified Aides	40.00
Other Health Staff	17.30
Non-Health Staff	35.00
Totals	121.98

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.5%	22.0%	0.9%	0.1%	18.6%	100.0%		
5,760,773	2,164,695	84,232	13,450	1,827,706	9,850,856	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
Michelle Urnikis

Contact Person and Telephone
Michelle Urnikis
309-693-1400

Registered Agent Information
J. Michael Bibo
285 South Farnham Street
Galesburg, IL 61404

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	25
Total Admissions 2017	134
Total Discharges 2017	127
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	42	50	32	18	50	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	50	50	42	50	32	18	50	19

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2645	14.5%	1856	26.8%	0	583	6971	0	12055	66.1%	66.1%
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	2645	14.5%	1856	26.8%	0	583	6971	0	12055	66.1%	66.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
85+	4	17	0	0	0	0	0	0	4	17	21
TOTALS	10	22	0	0	0	0	0	0	10	22	32

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	7	4	0	3	18	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	7	4	0	3	18	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	258	228
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	31	0	0	0	31
Race Unknown	1	0	0	0	1
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	31	0	0	0	31
Ethnicity Unknown	1	0	0	0	1
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	5.00
LPN's	8.00
Certified Aides	22.00
Other Health Staff	0.00
Non-Health Staff	44.00
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
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. 61354

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 60401

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	375
Total Discharges 2017	373
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	26
Mental Illness	5
Developmental Disability	0
Circulatory System	19
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	29
Other Medical Conditions	6
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	114	114	109	114	107	7	126	126
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	16	16	14	16	12	4		
TOTAL BEDS	130	130	123	130	119	11	126	126

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10975	23.9%	14207	30.9%	310	212	10181	3	35888	86.2%	86.2%
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	4426	0	4426	75.8%	75.8%
TOTALS	10975	23.9%	14207	30.9%	310	212	14607	3	40314	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	6	0	0	0	0	0	2	5	8	13
75 to 84	7	23	0	0	0	0	2	4	9	27	36
85+	15	49	0	0	0	0	1	3	16	52	68
TOTALS	28	79	0	0	0	0	3	9	31	88	119

Manor Court of Peru
3230 Becker Drive
Peru, IL. 61354

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	40	37	0	3	27	0	107
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	12	0	12
TOTALS	40	37	0	3	39	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	180	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	106	0	0	12	118
Race Unknown	0	0	0	0	0
Total	107	0	0	12	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	106	0	0	12	118
Ethnicity Unknown	0	0	0	0	0
Total	107	0	0	12	119

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	18.00
Certified Aides	53.00
Other Health Staff	8.00
Non-Health Staff	27.00
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
50.5%	17.0%	0.1%	1.7%	30.7%	100.0%		
5,425,715	1,827,667	9,797	186,923	3,293,904	10,744,006	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 Holt

Contact Person and Telephone
Peggy Holt
815-875-6600

Registered Agent Information
J. Michael Bibo
285 S. Farnham St.
Galesburg, IL 60401

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	194
Total Discharges 2017	187
Residents on 12/31/2017	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	0
Circulatory System	8
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	15
Injuries and Poisonings	10
Other Medical Conditions	19
Non-Medical Conditions	11
TOTALS	102

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	125	125	106	125	102	23	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	106	125	102	23	125	125

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4294	9.4%	18920	41.5%	1251	693	10059	0	35217	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	4294	9.4%	18920	41.5%	1251	693	10059	0	35217	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	6	20	0	0	0	0	0	0	6	20	26
85+	14	50	0	0	0	0	0	0	14	50	64
TOTALS	24	78	0	0	0	0	0	0	24	78	102

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	10	55	3	2	32	0	102
Skilled Under 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	3	2	32	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	101	0	0	0	101
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

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	15.00
Certified Aides	63.00
Other Health Staff	9.00
Non-Health Staff	31.00
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
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 4/9/2019

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	188
Total Discharges 2017	181
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	1
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	86	86	80	86	80	6	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	80	86	80	6	86	86

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4902	15.6%	17318	55.2%	0	1196	6173	0	29589	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	4902	15.6%	17318	55.2%	0	1196	6173	0	29589	94.3%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	0	2	0	2
65 to 74	0	8	0	0	0	0	0	0	0	8	8
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	5	40	0	0	0	0	0	0	5	40	45
TOTALS	14	66	0	0	0	0	0	0	14	66	80

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	14	41	0	2	23	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	14	41	0	2	23	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	80	0	0	0	80
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	8.00
LPN's	7.50
Certified Aides	28.00
Other Health Staff	0.00
Non-Health Staff	15.50
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
39.2%	37.5%	0.0%	7.7%	15.5%	100.0%		
3,065,705	2,933,022	0	603,545	1,209,345	7,811,617	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5783	99.0%	0	0	0	0	5783	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5783	99.0%	0	0	0	0	5783	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	7	0	0	3	7	10
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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	76.5%	0.3%	0.0%	23.2%	100.0%		
0	523,351	1,740	0	158,697	683,788	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marian Center
6300 North 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
Valerie 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 3/15/2019

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 - 2018

Residents on 1/1/2017	97
Total Admissions 2017	2
Total Discharges 2017	4
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 41

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	95	100	95	5		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	100	100	95	100	95	5	0	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			35257	96.6%	0	0	365	0	35622	97.6%	97.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	35257	96.6%	0	0	365	0	35622	97.6%	97.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	17	28	0	0	17	28	45
45 to 59	0	0	0	0	27	18	0	0	27	18	45
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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	47	48	0	0	47	48	95

Marian Center
6300 North 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	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	1	0	95
Sheltered Care			0	0	0	0	0
TOTALS	0	94	0	0	1	0	95

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	91	0	91
Race Unknown	0	0	0	0	0
Total	0	0	95	0	95

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	6	0	6
Non-Hispanic	0	0	89	0	89
Ethnicity Unknown	0	0	0	0	0
Total	0	0	95	0	95

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.11
Physicians	0.08
Director of Nursing	1.00
Registered Nurses	5.34
LPN's	3.41
Certified Aides	92.65
Other Health Staff	19.90
Non-Health Staff	9.69
Totals	134.18

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%	84.8%	0.0%	0.0%	15.2%	100.0%		
0	5,583,606	0	0	1,000,046	6,583,652	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 Drive
Decatur, IL 61521

Date Questionnaire Completed 2/25/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5562	95.2%	0	0	0	0	5562	95.2%	95.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5562	95.2%	0	0	0	0	5562	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	130
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	12.00
Non-Health Staff	0.00
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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	649,218	0	0	0	649,218	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marigold Rehab & Health Care
275 East Carl Sandburg Dr.
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	128
Total Admissions 2017	224
Total Discharges 2017	216
Residents on 12/31/2017	136

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	65
Mental Illness	4
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	136

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	172	172	140	172	136	36	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	140	172	136	36	172	172

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2828	4.5%	34541	55.0%	0	39	8388	0	45796	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	2828	4.5%	34541	55.0%	0	39	8388	0	45796	72.9%	72.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	0	0	0	0	0	0	7	10	17
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	14	27	0	0	0	0	0	0	14	27	41
75 to 84	15	28	0	0	0	0	0	0	15	28	43
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	50	86	0	0	0	0	0	0	50	86	136

Marigold Rehab & Health Care
275 East Carl Sandburg Dr.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	101	0	0	24	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	11	101	0	0	24	0	136

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	172	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	124	0	0	0	124
Race Unknown	3	0	0	0	3
Total	136	0	0	0	136

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	134	0	0	0	134
Ethnicity Unknown	0	0	0	0	0
Total	136	0	0	0	136

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	23.00
Certified Aides	47.00
Other Health Staff	16.00
Non-Health Staff	36.00
Totals	132.00

NET REVENUE BY PAYOR 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%	71.7%	0.0%	1.3%	19.5%	100.0%		
461,103	4,437,135	0	81,057	1,208,601	6,187,896	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
Ballwin, MO 63021

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	46
Total Discharges 2017	45
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	19
Mental Illness	0
Developmental Disability	3
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

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	76	54	48	51	42	34	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	54	48	51	42	34	76	76

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1352	4.9%	6278	22.6%	274	74	7372	0	15350	55.3%	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	1352	4.9%	6278	22.6%	274	74	7372	0	15350	55.3%	77.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	3	0	0	0	0	0	0	2	3	5
75 to 84	2	7	0	0	0	0	0	0	2	7	9
85+	1	24	0	0	0	0	0	0	1	24	25
TOTALS	6	36	0	0	0	0	0	0	6	36	42

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	6	15	1	0	20	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	6	15	1	0	20	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	144	134
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	41	0	0	0	41
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	3.50
LPN's	6.00
Certified Aides	11.50
Other Health Staff	0.00
Non-Health Staff	17.00
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
23.9%	41.6%	1.6%	0.0%	32.9%	100.0%		
601,699	1,046,683	39,838	0	828,520	2,516,740	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
Krissy Dolen

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 4/18/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	252	252
Sheltered Care	0	0

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	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	90.8%	0.0%	0.0%	9.2%	100.0%		
0	1,220,894	0	0	123,092	1,343,986	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Haverkampf Home
1 S 394 Wyatt Drive
Geneva, IL. 60134

Reference Numbers

Facility ID	6015770	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Krissy Dolen

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 4/18/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
1 S 394 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	252	252
Sheltered Care	0	0

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	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	93.2%	0.0%	0.0%	6.8%	100.0%		
0	1,260,996	0	0	92,384	1,353,380	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 4/18/2019

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 - 2018

Residents on 1/1/2017	21
Total Admissions 2017	0
Total Discharges 2017	0
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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			7665	70.0%	0	0	0	0	7665	70.0%	100.0%
Intermediate DD			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%	7665	70.0%	0	0	0	0	7665	70.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	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	2	0	0	0	0	5	2	7
18 to 44	0	0	4	9	0	0	0	0	4	9	13
45 to 59	0	0	0	1	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	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	Private 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
Nursing Care	0	0
Skilled Under 22	252	252
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing 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	19	0	0	19
Ethnicity Unknown	0	0	0	0	0
Total	0	21	0	0	21

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.65
LPN's	0.00
Certified Aides	13.68
Other Health Staff	8.25
Non-Health Staff	5.70
Totals	38.28

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	2,257,488	0	0	0	2,257,488	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
Krissy Dolen

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 4/18/2019

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 - 2018

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	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	15	1		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	#Div/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	0.0%	0	0	0	0	5604	96.0%	96.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	251	251
Sheltered Care	0	0

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	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	89.8%	0.0%	0.0%	10.2%	100.0%		
0	1,198,181	0	0	135,786	1,333,967	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Sayers Home
1 S 383 Wyatt Drive
Geneva , IL. 60134

Reference Numbers

Facility ID	6015804	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Krissy Dolen

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 4/18/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5381	92.1%	0	0	365	0	5746	98.4%	98.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5381	92.1%	0	0	365	0	5746	98.4%	98.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
1 S 383 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	255	255
Sheltered Care	0	0

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	15	0	15
Ethnicity Unknown	0	0	1	0	1
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	82.8%	0.0%	0.0%	17.2%	100.0%		
0	1,122,529	0	0	232,367	1,354,896	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Tommy Home
1 S 385 Wyatt Drive
Geneva, IL. 60134

Reference Numbers

Facility ID	6015796	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Krissy Dolen

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 4/18/2019

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 - 2018

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	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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5834	99.9%	0	0	0	0	5834	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5834	99.9%	0	0	0	0	5834	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
1 S 385 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	253	253
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	94.6%	0.0%	0.0%	5.4%	100.0%		
0	1,284,106	0	0	72,694	1,356,800	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Marklund Vandermolen Home
1 S 406 Wyatt Drive
Geneva, IL. 60134

Reference Numbers

Facility ID	6015788	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Krissy Dolen

Contact Person and Telephone
Lynn Melvin
630-593-5485

Registered Agent Information
Robin Kelleher
102 Wynstone Park Drive, Suite 100
North Barrington, IL 60010

Date Questionnaire Completed 4/18/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	6	0	0	3	6	9
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	6	10	0	0	6	10	16

Marklund Vandermolen Home
1 S 406 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	251	251
Sheltered Care	0	0

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	16	0	16
Ethnicity Unknown	0	0	0	0	0
Total	0	0	16	0	16

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.17
Physicians	0.00
Director of Nursing	0.17
Registered Nurses	3.75
LPN's	0.00
Certified Aides	11.20
Other Health Staff	2.41
Non-Health Staff	3.34
Totals	21.04

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%	89.4%	0.0%	0.0%	10.6%	100.0%		
0	1,202,581	0	0	142,606	1,345,187	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
Michelle Orwig

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 4/18/2019

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 - 2018

Residents on 1/1/2017	56
Total Admissions 2017	7
Total Discharges 2017	6
Residents on 12/31/2017	57

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	57
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	57	57	57	57	57	0		55
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	57	57	57	57	57	0	0	55

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			20450	######	0	0	0	0	20450	98.3%	98.3%
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%	20450	######	0	0	0	0	20450	98.3%	98.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	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	1	0	0	0	0	6	1	7
18 to 44	0	0	19	26	0	0	0	0	19	26	45
45 to 59	0	0	1	3	0	0	0	0	1	3	4
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	1	0	0	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	27	30	0	0	0	0	27	30	57

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	57	0	0	0	0	57
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	57	0	0	0	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	238	238
Intermediate DD	0	0
Sheltered Care	0	0

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	41	0	0	41
Race Unknown	0	0	0	0	0
Total	0	57	0	0	57

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	13	0	0	13
Non-Hispanic	0	41	0	0	41
Ethnicity Unknown	0	3	0	0	3
Total	0	57	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.10
LPN's	0.00
Certified Aides	36.14
Other Health Staff	4.40
Non-Health Staff	12.68
Totals	69.32

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
0.0%	96.4%	0.0%	0.0%	3.6%	100.0%		
0	4,367,872	0	0	165,158	4,533,030	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Maryhaven Nursing and Rehabilitation Center
1700 East 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
Marcus Shaw

Contact Person and Telephone
Marcus Shaw
847-729-1300

Registered Agent Information

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	89
Total Admissions 2017	182
Total Discharges 2017	195
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	37
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	20
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

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	135	120	90	120	76	59	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	120	90	120	76	59	135	61

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4745	9.6%	16060	72.1%	0	606	8395	1095	30901	62.7%	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	4745	9.6%	16060	72.1%	0	606	8395	1095	30901	62.7%	70.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	4	19	0	0	0	0	0	0	4	19	23
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	18	58	0	0	0	0	0	0	18	58	76

Maryhaven Nursing and Rehabilitation Center
1700 East 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	9	1	33	19	5	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	9	9	1	33	19	5	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	294
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	68	0	0	0	68
Race Unknown	4	0	0	0	4
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	71	0	0	0	71
Ethnicity Unknown	4	0	0	0	4
Total	76	0	0	0	76

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	15.50
LPN's	0.00
Certified Aides	24.50
Other Health Staff	2.50
Non-Health Staff	20.90
Totals	66.40

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%					
3,042,927	2,610,102		961,718	3,212,195		176,365	

*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 4/15/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	69
Total Admissions 2017	52
Total Discharges 2017	52
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	11
Mental Illness	17
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	69

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	66	56	56	56	53	13	66	66
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	31	16	16	16	16	15		
TOTAL BEDS	97	72	72	72	69	28	66	66

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1317	5.5%	9845	40.9%	0	0	8194	0	19356	80.3%	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	5248	0	5248	46.4%	89.9%
TOTALS	1317	5.5%	9845	40.9%	0	0	13442	0	24604	69.5%	93.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	3	7	0	0	0	0	1	1	4	8	12
85+	4	29	0	0	0	0	2	12	6	41	47
TOTALS	13	40	0	0	0	0	3	13	16	53	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	3	28	0	0	22	0	53
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	16	0	16
TOTALS	3	28	0	0	38	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	102	120

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	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	51	0	0	16	67
Race Unknown	0	0	0	0	0
Total	53	0	0	16	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	6.50
LPN's	8.00
Certified Aides	28.00
Other Health Staff	4.00
Non-Health Staff	36.00
Totals	84.50

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
17.8%	28.6%	0.0%	0.0%	53.6%	100.0%		
779,352	1,252,387	0	0	2,348,938	4,380,677	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	101
Total Admissions 2017	163
Total Discharges 2017	163
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	21
Mental Illness	22
Developmental Disability	0
Circulatory System	14
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	101

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	97	90	87	3	72	122
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	15	15	15	15	14	1		
TOTAL BEDS	105	105	112	105	101	4	72	122

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3778	14.4%	18935	42.5%	0	563	8336	0	31612	96.2%	96.2%
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	4567	0	4567	83.4%	83.4%
TOTALS	3778	14.4%	18935	42.5%	0	563	12903	0	36179	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	1	4	5
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	6	11	0	0	0	0	3	1	9	12	21
75 to 84	7	16	0	0	0	0	2	1	9	17	26
85+	8	30	0	0	0	0	1	4	9	34	43
TOTALS	26	61	0	0	0	0	6	8	32	69	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	10	56	0	0	21	0	87
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	10	56	0	0	35	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	36

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	86	0	0	14	100
Race Unknown	0	0	0	0	0
Total	87	0	0	14	101

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	87	0	0	14	101
Ethnicity Unknown	0	0	0	0	0
Total	87	0	0	14	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	32.00
Other Health Staff	3.00
Non-Health Staff	67.00
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
13.6%	49.3%	0.0%	1.7%	35.5%	100.0%		
697,071	2,533,287	0	85,719	1,822,197	5,138,274	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 Moore

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5703	97.7%	0	0	0	0	5703	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5703	97.7%	0	0	0	0	5703	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	3	0	0	2	3	5
60 to 64	0	0	0	0	1	1	0	0	1	1	2
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	7	0	0	8	7	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	2	0	2
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	0.25
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%	84.4%	0.7%	0.0%	14.9%	100.0%		
0	733,885	6,321	0	129,834	870,040	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mattoon Rehabiliation and Health Care Center
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 4/3/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	425
Total Discharges 2017	422
Residents on 12/31/2017	93

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	1
Circulatory System	15
Respiratory System	7
Digestive System	4
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	2
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	93

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	148	115	93	115	93	55	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	115	93	115	93	55	148	148

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6145	11.4%	16445	30.4%	3637	975	6205	0	33407	61.8%	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	6145	11.4%	16445	30.4%	3637	975	6205	0	33407	61.8%	79.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	6	0	0	0	0	0	0	1	6	7
60 to 64	1	4	0	0	0	0	0	0	1	4	5
65 to 74	14	13	0	0	0	0	0	0	14	13	27
75 to 84	9	8	0	0	0	0	0	0	9	8	17
85+	8	27	0	0	0	0	0	0	8	27	35
TOTALS	33	60	0	0	0	0	0	0	33	60	93

Mattoon Rehabiliation and Health Care Center
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	17	43	4	4	16	9	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	17	43	4	4	16	9	93

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	93	0	0	0	93
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	0	0	0	0	0
Non-Hispanic	93	0	0	0	93
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	12.40
LPN's	32.40
Certified Aides	74.00
Other Health Staff	2.00
Non-Health Staff	18.75
Totals	141.55

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
39.4%	29.7%	9.4%	4.7%	16.8%	100.0%		
2,962,119	2,227,641	704,432	353,609	1,261,039	7,508,840	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mayfield Health Center
5905 West Washington Blvd
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
Aharon Adler

Contact Person and Telephone
Aharon Adler
773-261-7074

Registered Agent Information
Stanley Klem
1900 E. Golf Rd. Suite 950
Schaumburg, IL 60173

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	141
Total Admissions 2017	152
Total Discharges 2017	150
Residents on 12/31/2017	143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	29
Blood Disorders	6
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	31
Respiratory System	34
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	143

Total Residents Diagnosed as Mentally Ill 57

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	156	156	143	156	143	13	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	143	13	156	156

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5575	9.8%	43972	77.2%	0	391	193	0	50131	88.0%	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	5575	9.8%	43972	77.2%	0	391	193	0	50131	88.0%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	10	10	0	0	0	0	0	0	10	10	20
60 to 64	11	15	0	0	0	0	0	0	11	15	26
65 to 74	18	11	0	0	0	0	0	0	18	11	29
75 to 84	16	19	0	0	0	0	0	0	16	19	35
85+	11	21	0	0	0	0	0	0	11	21	32
TOTALS	66	77	0	0	0	0	0	0	66	77	143

Mayfield Health Center
5905 West Washington Blvd
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	134	0	0	0	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	9	134	0	0	0	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	134	0	0	0	134
Hawaiian/Pacific Isl.	0	0	0	0	0
White	9	0	0	0	9
Race Unknown	0	0	0	0	0
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	140	0	0	0	140
Ethnicity Unknown	0	0	0	0	0
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	6.00
LPN's	16.00
Certified Aides	39.00
Other Health Staff	4.00
Non-Health Staff	47.00
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
28.8%	69.1%	0.0%	1.6%	0.5%	100.0%		
3,058,849	7,336,458	0	173,510	48,266	10,617,083	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mazza House
6300 North 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
Joseph 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 3/15/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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 North 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	12.62
Other Health Staff	4.91
Non-Health Staff	0.22
Totals	18.16

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%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	682,881	0	0	106,811	789,692	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McAllister Nursing & Rehabilitation
18300 S 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 Atkin

Contact Person and Telephone
Tzvi Atkin
708-798-2272

Registered Agent Information
Joel Atkin
910 Karlov Ave
Skokie, IL 60076

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	140
Total Admissions 2017	635
Total Discharges 2017	544
Residents on 12/31/2017	231

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	3
Mental Illness	9
Developmental Disability	0
Circulatory System	30
Respiratory System	18
Digestive System	9
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	11
Other Medical Conditions	0
Non-Medical Conditions	37
TOTALS	158

Total Residents Diagnosed as Mentally Ill 9

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	200	0	0	200	158	42	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	0	0	200	158	42	200	200

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15742	21.6%	33776	46.3%	0	487	4611	0	54616	74.8%	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	15742	21.6%	33776	46.3%	0	487	4611	0	54616	74.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	9	4	0	0	0	0	0	0	9	4	13
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	21	24	0	0	0	0	0	0	21	24	45
75 to 84	13	30	0	0	0	0	0	0	13	30	43
85+	5	47	0	0	0	0	0	0	5	47	52
TOTALS	50	108	0	0	0	0	0	0	50	108	158

McAllister Nursing & Rehabilitation
18300 S 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	36	108	0	0	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	36	108	0	0	14	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	340	280
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	108	0	0	0	108
Hawaiian/Pacific Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	1	0	0	0	1
Total	158	0	0	0	158

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	157	0	0	0	157
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.51
Director of Nursing	1.00
Registered Nurses	11.34
LPN's	73.41
Certified Aides	91.81
Other Health Staff	17.75
Non-Health Staff	72.93
Totals	269.75

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
51.0%	36.8%	0.0%	3.5%	8.6%	100.0%		
8,794,192	6,351,140	0	605,658	1,487,953	17,238,943	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.

McAuley Residence
2060 W. Granville
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 3/14/2019

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	8
Total Discharges 2017	5
Residents on 12/31/2017	120

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	120
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

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	125	125	120	125	120	5		125
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	125	125	120	125	120	5	0	125

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			42549	93.3%	0	0	365	365	43279	94.9%	94.9%
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%	42549	93.3%	0	0	365	365	43279	94.9%	94.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	14	12	0	0	0	0	14	12	26
18 to 44	0	0	45	29	0	0	0	0	45	29	74
45 to 59	0	0	10	9	0	0	0	0	10	9	19
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	0	0	1	0	0	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	69	51	0	0	0	0	69	51	120

McAuley Residence
2060 W. Granville
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	118	0	0	1	1	120
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	118	0	0	1	1	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	515	515
Intermediate DD	0	0
Sheltered Care	0	0

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	29	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	88	0	0	88
Race Unknown	0	0	0	0	0
Total	0	120	0	0	120

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	18	0	0	18
Non-Hispanic	0	102	0	0	102
Ethnicity Unknown	0	0	0	0	0
Total	0	120	0	0	120

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.08
Director of Nursing	2.00
Registered Nurses	19.81
LPN's	16.23
Certified Aides	91.63
Other Health Staff	35.59
Non-Health Staff	6.68
Totals	173.02

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%	93.7%	0.0%	0.0%	6.3%	100.0%		
0	8,143,489	0	0	552,152	8,695,641	114,710	1.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McGowan House
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 3/19/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5693	97.5%	0	0	0	0	5693	97.5%	97.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5693	97.5%	0	0	0	0	5693	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	8	0	0	4	8	12
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	8	8	0	0	8	8	16

McGowan House
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	0.08
Director of Nursing	0.25
Registered Nurses	1.24
LPN's	0.36
Certified Aides	13.55
Other Health Staff	5.40
Non-Health Staff	4.68
Totals	25.89

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%	91.8%	0.0%	0.0%	8.2%	100.0%		
0	958,892	0	0	86,070	1,044,962	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McLean County Nursing Home
901 N. Main Street
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
309-888-5388

Registered Agent Information

Date Questionnaire Completed 4/17/2019

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	102
Total Admissions 2017	73
Total Discharges 2017	85
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	40
Developmental Disability	1
Circulatory System	11
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	90

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	150	150	105	150	90	60	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	105	150	90	60	150	150

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2078	3.8%	27336	49.9%	172	265	6145	0	35996	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	2078	3.8%	27336	49.9%	172	265	6145	0	35996	65.7%	65.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	6	13	0	0	0	0	0	0	6	13	19
85+	12	49	0	0	0	0	0	0	12	49	61
TOTALS	24	66	0	0	0	0	0	0	24	66	90

McLean County Nursing Home
901 N. Main Street
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	1	59	0	2	28	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	1	59	0	2	28	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0	0	0	0	0
Race Unknown	0	0	0	0	0
Total	12	0	0	0	12

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	10.00
LPN's	11.00
Certified Aides	31.00
Other Health Staff	3.00
Non-Health Staff	55.00
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
12.0%	45.5%	1.8%	1.6%	39.1%	100.0%		
835,234	3,166,366	122,120	111,979	2,720,091	6,955,790	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

McLeansboro Rehab & Health Care Center
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
Margaret Ferris

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/26/2019

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 - 2018

Residents on 1/1/2017	25
Total Admissions 2017	16
Total Discharges 2017	20
Residents on 12/31/2017	21

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	15
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	1
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	1
TOTALS	21

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	25	43	21	22	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	43	21	22	43	43

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	550	3.5%	6936	44.2%	0	31	747	0	8264	52.7%	52.7%
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	550	3.5%	6936	44.2%	0	31	747	0	8264	52.7%	52.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	1	5	0	0	0	0	0	0	1	5	6
85+	4	6	0	0	0	0	0	0	4	6	10
TOTALS	9	12	0	0	0	0	0	0	9	12	21

McLeansboro Rehab & Health Care Center
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	16	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	2	16	0	0	3	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
Certified Aides	10.00
Other Health Staff	11.00
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
8.7%	81.3%	0.0%	0.7%	9.2%	100.0%		
103,033	961,046	0	8,715	109,082	1,181,876	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 3/19/2019

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 - 2018

Residents on 1/1/2017	11
Total Admissions 2017	1
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 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		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4219		0	0	0	0	4219	96.3%	96.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4219	0.0%	0	0	0	0	4219	96.3%	96.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	12	0	0	0	12	0	12

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.36
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.62
LPN's	0.36
Certified Aides	13.13
Other Health Staff	4.04
Non-Health Staff	0.22
Totals	18.81

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
0.0%		0.0%	0.0%				
	666,529	0	0	99,377		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadow Manor Skilled Nursing and Rehab
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
Kathleen L. Pine
2015 West Main Stret, #111
Carbondale, IL 62901

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	56
Total Admissions 2017	56
Total Discharges 2017	60
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	11
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

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	96	75	62	75	52	44	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	75	62	75	52	44	48	96

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.1%	12737	36.3%	1403	561	2330	0	18794	53.6%	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	1763	10.1%	12737	36.3%	1403	561	2330	0	18794	53.6%	68.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	0	0	0	0	0	0	3	8	11
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	6	18	0	0	0	0	0	0	6	18	24
TOTALS	13	39	0	0	0	0	0	0	13	39	52

Meadow Manor Skilled Nursing and Rehab
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	37	1	0	9	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	37	1	0	9	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	50	0	0	0	50
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	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	10.00
Certified Aides	20.00
Other Health Staff	4.00
Non-Health Staff	16.00
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
24.5%	53.1%	2.0%	3.6%	16.8%	100.0%		
825,914	1,788,262	66,066	122,174	565,962	3,368,378	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Meadowbrook Manor
431 W Remington Boulevard
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 Street, Suite 4200
Chicago, IL 60601

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	256
Total Admissions 2017	423
Total Discharges 2017	444
Residents on 12/31/2017	235

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	0
Blood Disorders	7
*Nervous System Non Alzheimer	9
Alzheimer Disease	38
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	24
Digestive System	17
Genitourinary System Disorders	20
Skin Disorders	8
Musculo-skeletal Disorders	37
Injuries and Poisonings	0
Other Medical Conditions	27
Non-Medical Conditions	0
TOTALS	235

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	269	298	235	63	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	269	298	235	63	298	298

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13412	12.3%	64326	59.1%	3640	730	10387	0	92495	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	13412	12.3%	64326	59.1%	3640	730	10387	0	92495	85.0%	85.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
65 to 74	29	22	0	0	0	0	0	0	29	22	51
75 to 84	30	41	0	0	0	0	0	0	30	41	71
85+	35	67	0	0	0	0	0	0	35	67	102
TOTALS	98	137	0	0	0	0	0	0	98	137	235

Meadowbrook Manor
431 W Remington Boulevard
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	28	171	9	1	26	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	28	171	9	1	26	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	18	0	0	0	18
American Indian	0	0	0	0	0
Black	55	0	0	0	55
Hawaiian/Pacific Isl.	0	0	0	0	0
White	162	0	0	0	162
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	46	0	0	0	46
Non-Hispanic	189	0	0	0	189
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	25.00
LPN's	34.00
Certified Aides	130.00
Other Health Staff	32.00
Non-Health Staff	175.00
Totals	398.00

NET REVENUE BY PAYOR 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%	50.1%	3.4%	6.2%	9.9%	100.0%		
7,145,670	11,764,217	797,424	1,464,068	2,315,591	23,486,970	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 Sheets
150 N. North Riverside Plaza, Suite 3000
Chicago, IL 60606

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	204
Total Admissions 2017	178
Total Discharges 2017	184
Residents on 12/31/2017	198

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	20
Alzheimer Disease	27
Mental Illness	28
Developmental Disability	0
Circulatory System	41
Respiratory System	18
Digestive System	2
Genitourinary System Disorders	16
Skin Disorders	3
Musculo-skeletal Disorders	14
Injuries and Poisonings	7
Other Medical Conditions	7
Non-Medical Conditions	10
TOTALS	198

Total Residents Diagnosed as Mentally Ill 28

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	245	245	219	245	198	47	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	219	245	198	47	245	245

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3663	4.1%	58400	65.3%	0	1500	11378	0	74941	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	3663	4.1%	58400	65.3%	0	1500	11378	0	74941	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	4	0	0	0	0	0	0	5	4	9
65 to 74	12	26	0	0	0	0	0	0	12	26	38
75 to 84	20	59	0	0	0	0	0	0	20	59	79
85+	8	57	0	0	0	0	0	0	8	57	65
TOTALS	51	147	0	0	0	0	0	0	51	147	198

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	11	154	0	4	29	0	198
Skilled Under 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	154	0	4	29	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	15	0	0	0	15
Hawaiian/Pacific Isl.	1	0	0	0	1
White	121	0	0	0	121
Race Unknown	41	0	0	0	41
Total	188	0	0	0	188

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	188	0	0	0	188
Total	198	0	0	0	198

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.00
LPN's	12.00
Certified Aides	73.00
Other Health Staff	17.00
Non-Health Staff	57.00
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
11.6%	65.0%	0.0%	7.3%	16.2%	100.0%		
1,836,728	10,310,896	0	1,159,194	2,567,954	15,874,772	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
Lisa Williams

Contact Person and Telephone
Lisa Williams
708-354-4660

Registered Agent Information
Charles Sheets
150 N Riverside Plaza, Suite 3000

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	268
Total Discharges 2017	233
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	3
*Nervous System Non Alzheimer	14
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	7
Skin Disorders	4
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	12
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	197	197	104	146	104	93	123	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	104	146	104	93	123	197

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7774	17.3%	17636	24.5%	0	1092	6171	0	32673	45.4%	45.4%
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	7774	17.3%	17636	24.5%	0	1092	6171	0	32673	45.4%	45.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	12	0	0	0	0	0	0	10	12	22
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	9	37	0	0	0	0	0	0	9	37	46
TOTALS	30	74	0	0	0	0	0	0	30	74	104

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	30	45	0	12	17	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	30	45	0	12	17	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	92	0	0	0	92
Race Unknown	2	0	0	0	2
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	1.00
Registered Nurses	12.00
LPN's	18.00
Certified Aides	29.00
Other Health Staff	9.00
Non-Health Staff	41.00
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
42.4%	31.9%	0.0%	9.1%	16.5%	100.0%		
4,085,251	3,074,921	0	880,588	1,591,566	9,632,326	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 4/18/2018

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	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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	11
Total Discharges 2017	14
Residents on 12/31/2017	33

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	33

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	74	74	37	74	33	41	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	37	74	33	41	10	74

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1025	28.1%	8156	30.2%	603	0	2555	0	12339	45.7%	45.7%
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	1025	28.1%	8156	30.2%	603	0	2555	0	12339	45.7%	45.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	1	4	0	0	0	0	0	0	1	4	5
85+	6	14	0	0	0	0	0	0	6	14	20
TOTALS	10	23	0	0	0	0	0	0	10	23	33

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	22	0	8	0	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	22	0	8	0	0	33

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Ethnicity Unknown	33	0	0	0	33
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	5.00
LPN's	8.00
Certified Aides	21.00
Other Health Staff	3.00
Non-Health Staff	14.00
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
32.9%	47.7%	0.0%	0.0%	19.4%	100.0%		
575,520	834,827	0	0	340,028	1,750,375	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 3/26/2019

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 - 2018

Residents on 1/1/2017	93
Total Admissions 2017	5
Total Discharges 2017	6
Residents on 12/31/2017	92

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	92
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	99	99	95	99	92	7		99
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	95	99	92	7	0	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			33519	92.8%	0	0	365	0	33884	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	33519	92.8%	0	0	365	0	33884	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	11	4	15
45 to 59	0	0	0	0	19	6	0	0	19	6	25
60 to 64	0	0	0	0	7	10	0	0	7	10	17
65 to 74	0	0	0	0	8	13	0	0	8	13	21
75 to 84	0	0	0	0	5	8	0	0	5	8	13
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	50	42	0	0	50	42	92

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	0	1	0	92
Sheltered Care			0	0	0	0	0
TOTALS	0	91	0	0	1	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	229	146
Sheltered Care	0	0

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	81	0	81
Race Unknown	0	0	0	0	0
Total	0	0	92	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	91	0	91
Ethnicity Unknown	0	0	0	0	0
Total	0	0	92	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	6.40
Certified Aides	23.90
Other Health Staff	3.60
Non-Health Staff	16.80
Totals	54.70

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%	98.4%	0.0%	0.0%	1.6%	100.0%		
0	4,804,429	0	0	77,388	4,881,817	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

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 Street
Chenoa, IL 61726

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	75
Total Discharges 2017	84
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	19
Mental Illness	18
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	4
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	79

Total Residents Diagnosed as Mentally Ill 67

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	114	0	114	79	51	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	79	80	116	130

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2064	4.9%	14805	31.2%	0	13869	0	0	30738	64.8%	73.9%
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	2064	4.9%	14805	31.2%	0	13869	0	0	30738	53.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
75 to 84	11	19	0	0	0	0	0	0	11	19	30
85+	5	34	0	0	0	0	0	0	5	34	39
TOTALS	19	60	0	0	0	0	0	0	19	60	79

Meadows Mennonite Retirement Community
24588 Church Street
Chenoa, IL. 61726

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	33	0	44	0	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	2	33	0	44	0	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	79	0	0	0	79
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	10.75
LPN's	19.16
Certified Aides	56.91
Other Health Staff	42.93
Non-Health Staff	11.18
Totals	142.93

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
24.8%	35.9%	0.0%	1.7%	37.6%	100.0%		
1,768,653	2,553,148	0	123,239	2,674,946	7,119,986	167,531	2.4%

*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
815-255-2882

Registered Agent Information

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	78
Total Discharges 2017	76
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	15
Developmental Disability	1
Circulatory System	18
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	1
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	89	75	72	75	69	20	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	72	75	69	20	89	89

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1169	3.6%	14374	44.2%	3416	0	6225	0	25184	77.5%	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	1169	3.6%	14374	44.2%	3416	0	6225	0	25184	77.5%	92.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	0	0	0	0	0	0	0	0	0
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	11	28	0	0	0	0	0	0	11	28	39
TOTALS	27	42	0	0	0	0	0	0	27	42	69

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	4	41	9	0	15	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	41	9	0	15	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	4.00
Certified Aides	25.00
Other Health Staff	1.00
Non-Health Staff	33.00
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
26.8%	37.9%	14.3%	0.0%	21.0%	100.0%		
1,314,949	1,863,051	704,639	0	1,029,281	4,911,920	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. 62025

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 4/12/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	1,286
Total Discharges 2017	1,281
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	26
Injuries and Poisonings	2
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	82	82	76	82	70	12	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	70	12	108	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15679	39.8%	0	0.0%	71	8819	2	77	24648	82.4%	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	15679	39.8%	0	0.0%	71	8819	2	77	24648	82.4%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	9	11	0	0	0	0	0	0	9	11	20
75 to 84	8	14	0	0	0	0	0	0	8	14	22
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	25	45	0	0	0	0	0	0	25	45	70

Memorial Care Center
4315 Memorial Drive
Belleville, IL. 62025

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	29	0	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	41	0	0	29	0	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	281	281
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	15	0	0	0	15
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
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	0.80
Director of Nursing	1.00
Registered Nurses	24.20
LPN's	6.60
Certified Aides	27.20
Other Health Staff	24.90
Non-Health Staff	12.80
Totals	98.50

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
94.1%	0.3%	1.0%	4.7%	0.0%	100.0%		
10,244,413	30,387	104,413	510,762	0	10,889,975	29,827	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Mendota Lutheran Home
500 6th Street
Mendota, IL. 61342

Reference Numbers

Facility ID	6006050	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Erica Falk

Contact Person and Telephone
Erica Falk
815-739-7439

Registered Agent Information

Date Questionnaire Completed 5/11/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	117
Total Discharges 2017	123
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	3
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	0	99	99	52
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	14	0	0	0	0	14		
TOTAL BEDS	113	0	0	0	0	113	99	52

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2357	6.5%	11054	58.2%	0	32	8547	0	21990	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	2357	6.5%	11054	58.2%	0	32	8547	0	21990	53.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	4	33	0	0	0	0	0	0	4	33	37
TOTALS	16	48	0	0	0	0	0	0	16	48	64

Mendota Lutheran Home
500 6th Street
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	29	1	0	23	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	10	29	1	0	23	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	8.70
LPN's	7.20
Certified Aides	29.90
Other Health Staff	9.30
Non-Health Staff	16.60
Totals	73.70

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
29.7%	31.1%	0.0%	0.1%	39.2%	100.0%		
1,505,693	1,579,622	0	3,580	1,988,332	5,077,227	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 2/26/2019

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 - 2018

Residents on 1/1/2017	20
Total Admissions 2017	68
Total Discharges 2017	66
Residents on 12/31/2017	22

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	22

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	23	23	23	23	22	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	23	23	23	23	22	1	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2415	0.0%	3640	0.0%	0	8	2122	0	8185	97.5%	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	2415	0.0%	3640	0.0%	0	8	2122	0	8185	97.5%	97.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	0	0	0	0	0	0	3	5	8
85+	0	13	0	0	0	0	0	0	0	13	13
TOTALS	3	19	0	0	0	0	0	0	3	19	22

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	11	0	0	7	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	4	11	0	0	7	0	22

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	21	0	0	0	21
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	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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.90
LPN's	3.30
Certified Aides	13.16
Other Health Staff	0.00
Non-Health Staff	9.80
Totals	30.16

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
58.6%	19.3%	2.2%	1.9%	18.1%	100.0%		
1,813,935	597,639	66,925	57,920	560,523	3,096,942	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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	Private 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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 3/15/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	346
Total Discharges 2017	353
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	11
Developmental Disability	1
Circulatory System	15
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	87

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	120	120	87	120	87	33	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	87	120	87	33	120	120

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3247	7.4%	17417	39.8%	378	2009	10741	0	33792	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	3247	7.4%	17417	39.8%	378	2009	10741	0	33792	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	0	6	6
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	18	69	0	0	0	0	0	0	18	69	87

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	12	47	0	6	22	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	12	47	0	6	22	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	232	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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.	68	0	0	0	68
White	0	0	0	0	0
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	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	6.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	10.00
Certified Aides	35.00
Other Health Staff	0.08
Non-Health Staff	35.00
Totals	93.08

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
21.2%	40.0%	0.0%	8.3%	30.5%	100.0%		
1,442,273	2,718,617	0	561,681	2,068,071	6,790,642	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. 62034

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
Colleen Bottens
27 Auerbach Place
Glen Carbon, IL 62034

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	64
Total Admissions 2017	429
Total Discharges 2017	427
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	11
Mental Illness	2
Developmental Disability	0
Circulatory System	16
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	8
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	66

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	70	0	0	0	66	4	70	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	70	0	0	0	66	4	70	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4549	17.8%	746	25.5%	0	2986	14988	0	23269	91.1%	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	4549	17.8%	746	25.5%	0	2986	14988	0	23269	91.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	5	0	0	0	0	0	0	0	5	5
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	5	33	0	0	0	0	0	0	5	33	38
85+	6	0	0	0	0	0	0	0	6	0	6
TOTALS	15	51	0	0	0	0	0	0	15	51	66

Meridian Village
27 Auerbach Place
Glen Carbon, IL. 62034

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	16	2	0	7	41	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	16	2	0	7	41	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	333	256
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	66
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	7.22
LPN's	14.85
Certified Aides	34.73
Other Health Staff	2.00
Non-Health Staff	12.50
Totals	74.30

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
33.1%	0.0%	0.0%	14.7%	52.4%	100.2%		
2,664,631	-16,395	0	1,181,968	4,216,938	8,047,142	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Metamora Community Nursing Home d/b/a Snyder
1200 E. Partridge
Metamora, IL. 61548

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
Diane Gravlin
1200 E. Partridge
Metamora, IL 61548

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	90
Total Admissions 2017	168
Total Discharges 2017	167
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	31
Injuries and Poisonings	5
Other Medical Conditions	28
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	104	104	101	104	91	13	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	104	104	101	104	91	13	106	106

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2885	7.5%	7379	19.1%	1050	19924	2920	40	34198	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	2885	7.5%	7379	19.1%	1050	19924	2920	40	34198	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
75 to 84	11	14	0	0	0	0	0	0	11	14	25
85+	17	42	0	0	0	0	0	0	17	42	59
TOTALS	30	61	0	0	0	0	0	0	30	61	91

Metamora Community Nursing Home d/b/a Snyder
1200 E. Partridge
Metamora, IL. 61548

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	10	15	1	65	0	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	10	15	1	65	0	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	269	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	91	0	0	0	91
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	1.50
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.50
LPN's	13.50
Certified Aides	46.60
Other Health Staff	0.00
Non-Health Staff	52.75
Totals	123.85

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
17.2%	11.0%	0.0%	5.4%	66.4%	100.0%		
1,469,578	934,488	0	459,916	5,669,057	8,533,039	10,188	0.1%

*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

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	107
Total Discharges 2017	110
Residents on 12/31/2017	59

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 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	101	92	70	87	59	42	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	70	87	59	42	101	101

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3503	9.5%	12861	34.9%	0	4158	5455	0	25977	70.5%	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	3503	9.5%	12861	34.9%	0	4158	5455	0	25977	70.5%	77.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
75 to 84	16	12	0	0	0	0	0	0	16	12	28
85+	2	22	0	0	0	0	0	0	2	22	24
TOTALS	20	39	0	0	0	0	0	0	20	39	59

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	6	41	0	0	12	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	6	41	0	0	12	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	151	136
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	52	0	0	0	52
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	13.00
LPN's	11.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	16.00
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
38.1%	38.1%	0.0%	5.8%	18.0%	100.0%		
1,687,104	1,688,317	0	257,808	796,466	4,429,695	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Midway Neurological & Rehabilitation Cente
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 4/15/2019

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 - 2018

Residents on 1/1/2017	356
Total Admissions 2017	186
Total Discharges 2017	182
Residents on 12/31/2017	360

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	71
Blood Disorders	10
*Nervous System Non Alzheimer	40
Alzheimer Disease	0
Mental Illness	40
Developmental Disability	1
Circulatory System	15
Respiratory System	89
Digestive System	9
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	47
Non-Medical Conditions	0
TOTALS	360

Total Residents Diagnosed as Mentally Ill 357

Total Residents Reported as Identified Offenders 71

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	371	0	404	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	0	371	0	404	404	404

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3522	2.4%	124114	84.2%	0	0	2957	0	130593	88.6%	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	3522	2.4%	124114	84.2%	0	0	2957	0	130593	88.6%	96.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	39	19	0	0	0	0	0	0	39	19	58
45 to 59	72	41	0	0	0	0	0	0	72	41	113
60 to 64	60	26	0	0	0	0	0	0	60	26	86
65 to 74	42	25	0	0	0	0	0	0	42	25	67
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	2	6	0	0	0	0	0	0	2	6	8
TOTALS	227	133	0	0	0	0	0	0	227	133	360

Midway Neurological & Rehabilitation Cente
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	9	344	0	0	7	0	360
Skilled Under 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	344	0	0	7	0	360

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	171	0	0	0	171
Hawaiian/Pacific Isl.	0	0	0	0	0
White	187	0	0	0	187
Race Unknown	0	0	0	0	0
Total	360	0	0	0	360

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	35	0	0	0	35
Non-Hispanic	325	0	0	0	325
Ethnicity Unknown	0	0	0	0	0
Total	360	0	0	0	360

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	3.00
Registered Nurses	8.00
LPN's	38.00
Certified Aides	56.00
Other Health Staff	9.00
Non-Health Staff	106.00
Totals	222.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.7%	89.6%	2.0%	0.6%	0.2%	100.0%		
1,743,067	20,345,169	453,623	129,497	45,923	22,717,279	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Milestone - Sun Valley ICF
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 A. Risser

Contact Person and Telephone
Theresa A. Risser
815-639-2884

Registered Agent Information

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	7
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	8

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	8
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	8

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	8	8	0		8
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	8	8	0	8	8	0	0	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2739	93.8%	0	0	0	0	2739	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2739	93.8%	0	0	0	0	2739	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	4	0	0	4	4	8

Milestone - Sun Valley ICF
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		8	0	0	0	0	8
Sheltered Care			0	0	0	0	0
TOTALS	0	8	0	0	0	0	8

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	160	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	7	0	7
Race Unknown	0	0	0	0	0
Total	0	0	8	0	8

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	8	0	8
Ethnicity Unknown	0	0	0	0	0
Total	0	0	8	0	8

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	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%		0.0%	0.0%				
	367,308	0		50,081		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
Nina J. Etchin

Contact Person and Telephone
Nina J. Etchin
815-639-2745

Registered Agent Information

Date Questionnaire Completed 4/18/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			3872	88.4%	0	0	0	0	3872	88.4%	88.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3872	88.4%	0	0	0	0	3872	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	1	0	0	0	1	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	0	6	6	0	0	6	6	12

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	0.25
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%	78.9%	6.8%	0.0%	14.3%	100.0%		
0	467,553	40,389	0	84,495	592,437	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
NIna J. Etchin

Contact Person and Telephone
Nina J. Etchin
815-639-2745

Registered Agent Information

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	4
Total Discharges 2017	8
Residents on 12/31/2017	79

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 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	84	0	84		84
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	84	84	0	84	0	84	0	84

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			29328	95.7%	0	0	0	0	29328	95.7%	95.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	29328	95.7%	0	0	0	0	29328	95.7%	95.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	10	0	0	18	10	28
45 to 59	0	0	0	0	15	14	0	0	15	14	29
60 to 64	0	0	0	0	6	1	0	0	6	1	7
65 to 74	0	0	0	0	6	5	0	0	6	5	11
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	47	32	0	0	47	32	79

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	17	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	60	0	60
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	7	0	7
Non-Hispanic	0	0	72	0	72
Ethnicity Unknown	0	0	0	0	0
Total	0	0	79	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	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%	91.3%	1.7%	0.0%	7.0%	100.0%		
0	7,991,368	145,120	0	616,033	8,752,521	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Milestone- Searles ICF
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 A Risser

Contact Person and Telephone
Theresa A Risser
815-639-2884

Registered Agent Information

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	10
Total Admissions 2017	0
Total Discharges 2017	0
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	12	10	12	10	2		12
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	10	12	10	2	0	12

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			3601	82.2%	0	0	0	0	3601	82.2%	82.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	3601	82.2%	0	0	0	0	3601	82.2%	82.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	1	0	0	2	1	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	2	0	0	0	2	2
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 ICF
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	134	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.50
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%	82.8%	0.0%	0.0%	17.2%	100.0%		
0	367,376	0	0	76,397	443,773	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
Beth Totheroh

Contact Person and Telephone
Beth Totheroh
815-936-6500

Registered Agent Information
Phillip Kambic
350 N Wall Street
Kankakee, IL 60901

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	114
Total Admissions 2017	820
Total Discharges 2017	824
Residents on 12/31/2017	110

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	23
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	28
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	160	160	137	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	137	160	110	50	110	10

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19209	47.8%	3463	94.9%	116	459	18304	0	41551	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	19209	47.8%	3463	94.9%	116	459	18304	0	41551	71.1%	71.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	2	0	0	0	0	0	0	6	2	8
75 to 84	16	21	0	0	0	0	0	0	16	21	37
85+	12	47	0	0	0	0	0	0	12	47	59
TOTALS	38	72	0	0	0	0	0	0	38	72	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	50	9	0	1	50	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	50	9	0	1	50	0	110

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	251	231
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	110	0	0	0	110
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	33.40
LPN's	10.90
Certified Aides	46.80
Other Health Staff	3.00
Non-Health Staff	31.90
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
62.6%	2.8%	0.0%	2.5%	32.1%	100.0%		
9,156,273	411,686	0	368,389	4,694,247	14,630,595	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Miniat House
6300 North 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
Joseph 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 3/14/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4135	94.4%	0	0	0	0	4135	94.4%	94.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4135	94.4%	0	0	0	0	4135	94.4%	94.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	10	0	0	0	10	0	10
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	11	0	0	0	11	0	11

Miniat House
6300 North 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	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	0.22
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	10.66
Other Health Staff	4.91
Non-Health Staff	0.22
Totals	16.20

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%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	659,156	0	0	103,100	762,256	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Momence Meadows
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
Sinead O'Sullivan

Contact Person and Telephone
Sinead O'Sullivan
815-472-2423

Registered Agent Information

Date Questionnaire Completed 3/21/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	72
Total Admissions 2017	49
Total Discharges 2017	45
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	10
Developmental Disability	7
Circulatory System	10
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

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	140	0	0	112	76	64	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	0	0	112	76	64	140	140

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	881	1.7%	22373	43.8%	2846	193	507	0	26800	52.4%	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	881	1.7%	22373	43.8%	2846	193	507	0	26800	52.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	6	0	0	0	0	0	0	4	6	10
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	15	9	0	0	0	0	0	0	15	9	24
75 to 84	9	8	0	0	0	0	0	0	9	8	17
85+	1	11	0	0	0	0	0	0	1	11	12
TOTALS	36	40	0	0	0	0	0	0	36	40	76

Momence Meadows
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	68	0	0	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	7	68	0	0	1	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
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	3	0	0	0	3
Non-Hispanic	73	0	0	0	73
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	3.00
LPN's	7.40
Certified Aides	18.51
Other Health Staff	0.00
Non-Health Staff	28.41
Totals	59.32

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
7.5%	87.9%	0.0%	1.5%	3.1%	100.0%		
404,337	4,732,261	0	82,332	164,467	5,383,397	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 Juergens

Contact Person and Telephone
Joyce Juergens
309-734-3811

Registered Agent Information

Date Questionnaire Completed 4/8/2019

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	0
Non-Ambulatory	1
Non-Mobile	1
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	48
Total Admissions 2017	40
Total Discharges 2017	39
Residents on 12/31/2017	49

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	49

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	59	52	52	49	49	10	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	49	49	10	0	59

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1030	0.0%	7317	34.0%	2287	19	7251	0	17904	83.1%	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	1030	0.0%	7317	34.0%	2287	19	7251	0	17904	83.1%	94.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	12	0	0	0	0	0	0	2	12	14
85+	5	26	0	0	0	0	0	0	5	26	31
TOTALS	10	39	0	0	0	0	0	0	10	39	49

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	28	0	1	19	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	28	0	1	19	0	49

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	198	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	1.00
Registered Nurses	1.50
LPN's	8.00
Certified Aides	18.00
Other Health Staff	4.00
Non-Health Staff	16.00
Totals	49.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.6%	33.0%	10.1%	0.0%	38.3%	100.0%		
553,498	984,869	301,771	0	1,142,337	2,982,475	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 Bullington
217-847-3931

Registered Agent Information
CT Corporation System
208 South LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 3/18/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	99
Total Discharges 2017	98
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	12
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	0
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	139	90	60	90	53	86	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	60	90	53	86	139	139

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2104	4.1%	13589	26.8%	716	313	3826	0	20548	40.5%	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	2104	4.1%	13589	26.8%	716	313	3826	0	20548	40.5%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	5	11	0	0	0	0	0	0	5	11	16
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	16	37	0	0	0	0	0	0	16	37	53

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	31	5	1	9	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	31	5	1	9	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	197	191
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	5.70
Certified Aides	26.60
Other Health Staff	0.10
Non-Health Staff	6.00
Totals	44.40

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
28.4%	46.4%	2.4%	3.6%	19.3%	100.0%		
1,056,396	1,723,179	88,190	132,024	715,816	3,715,605	3,454	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Montgomery Nursing & Rehabilitation Center
PO Box 309, 9086 Illinois Route 127
Hillsboro, IL. 62049

Reference Numbers

Facility ID	6004444	
Health Service Area	003	
Planning Service Area	135	Montgomery
County	135	Montgomery County

Administrator
Carla Vonder Haar

Contact Person and Telephone
Carla Vonder Haar
217-532-6126

Registered Agent Information
Stephen Miller
1140 Lake Street, Suite 410
Oak Park, IL 60301

Date Questionnaire Completed 3/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	76
Total Discharges 2017	71
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	48
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	101

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	110	110	106	110	101	9	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	110	106	110	101	9	20	110

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	47.0%	23735	59.1%	0	630	8395	0	36190	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	3430	47.0%	23735	59.1%	0	630	8395	0	36190	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	1	0	0	0	0	0	0	5	1	6
65 to 74	3	2	0	0	0	0	0	0	3	2	5
75 to 84	16	19	0	0	0	0	0	0	16	19	35
85+	15	37	0	0	0	0	0	0	15	37	52
TOTALS	40	61	0	0	0	0	0	0	40	61	101

Montgomery Nursing & Rehabilitation Center
PO Box 309, 9086 Illinois Route 127
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	67	0	3	24	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	7	67	0	3	24	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	137
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	100	0	0	0	100
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	4.00
LPN's	12.00
Certified Aides	45.40
Other Health Staff	8.00
Non-Health Staff	43.00
Totals	114.40

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
30.2%	45.7%	0.7%	5.2%	18.3%	100.0%		
2,115,000	3,204,000	48,000	361,000	1,281,000	7,009,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Montgomery Place
5550 S Shore Dr
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
773-358-7429

Registered Agent Information
Deborah Hart
5550 S Shore Dr
Chicago, IL 60637

Date Questionnaire Completed 5/14/2019

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 - 2018

Residents on 1/1/2017	35
Total Admissions 2017	356
Total Discharges 2017	365
Residents on 12/31/2017	26

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	26

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	40	40	40	40	26	14	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	26	14	40	2

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5336	36.5%	629	86.2%	0	931	5737	0	12633	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	5336	36.5%	629	86.2%	0	931	5737	0	12633	86.5%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	4	4	8
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	5	21	0	0	0	0	0	0	5	21	26

Montgomery Place
5550 S Shore Dr
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	11	1	0	3	11	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	11	1	0	3	11	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	364	299
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	2	0	0	0	2
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	24	0	0	0	24
Ethnicity Unknown	2	0	0	0	2
Total	26	0	0	0	26

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
46.3%	1.8%	0.0%	13.2%	38.8%	100.0%		
2,438,265	94,761	0	693,007	2,043,142	5,269,175	156,455	3.0%

*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 4/16/2019

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	0
Total Discharges 2017	0
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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5786	99.1%	0	0	0	0	5786	99.1%	99.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5786	99.1%	0	0	0	0	5786	99.1%	99.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	115	115
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	13	0	13
Race Unknown	0	0	2	0	2
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	15	0	15
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	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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	529,519	0	0	0	529,519	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 4/2/2019

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	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 - 2018

Residents on 1/1/2017	12
Total Admissions 2017	2
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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	86.7%	0	0	0	0	4745	86.7%	86.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4745	86.7%	0	0	0	0	4745	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	6	0	0	0	6	0	6
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	0	0	0	13	0	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	141	141
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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	659,765	0	0	0	659,765	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. Charleen Badiola
24955 N. U.S. Highway 12
Lake Zurich, IL 60047

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	116
Total Admissions 2017	0
Total Discharges 2017	3
Residents on 12/31/2017	113

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	113
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	113	113	0	0	113	0		129
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	113	113	0	0	113	0	0	129

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			41053	87.2%	0	0	2	0	41055	99.5%	99.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	41053	87.2%	0	0	2	0	41055	99.5%	99.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	45	0	0	0	45	45
60 to 64	0	0	0	0	0	11	0	0	0	11	11
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	113	0	0	0	113	113

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		111	0	0	2	0	113
Sheltered Care			0	0	0	0	0
TOTALS	0	111	0	0	2	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	110	0	110
Race Unknown	0	0	0	0	0
Total	0	0	113	0	113

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	111	0	111
Ethnicity Unknown	0	0	0	0	0
Total	0	0	113	0	113

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	3.00
Certified Aides	63.00
Other Health Staff	31.00
Non-Health Staff	43.00
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
0.0%	76.7%	0.0%	0.0%	23.3%	100.0%		
0	4,618,269	0	0	1,403,551	6,021,820	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Moweaqua Rehabiliatation & Healthcare Center
525 S. Macon St.
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 5/8/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	113
Total Discharges 2017	112
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
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	70	68	51	64	46	24	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	51	64	46	24	70	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3301	12.9%	8295	32.5%	32	1757	2857	0	16242	63.6%	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	3301	12.9%	8295	32.5%	32	1757	2857	0	16242	63.6%	65.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
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	1	5	0	0	0	0	0	0	1	5	6
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	16	30	0	0	0	0	0	0	16	30	46

Moweaqua Rehabiliatation & Healthcare Center
525 S. Macon St.
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	6	25	6	2	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	6	25	6	2	7	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	3.00
Certified Aides	12.00
Other Health Staff	16.00
Non-Health Staff	80.00
Totals	116.00

NET REVENUE BY PAYOR 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%	41.3%	0.0%	4.4%	17.5%	100.0%		
1,135,784	1,276,014	0	136,009	541,738	3,089,545	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 Ste B
O'Fallon, IL 62269

Date Questionnaire Completed 4/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	230
Total Discharges 2017	235
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	2
Developmental Disability	0
Circulatory System	14
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	13
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 47

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	91	91	84	91	68	23	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	84	91	68	23	32	91

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5407	46.3%	12267	36.9%	816	557	8712	0	27759	83.6%	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	5407	46.3%	12267	36.9%	816	557	8712	0	27759	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	1	15	0	0	0	0	0	0	1	15	16
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	10	58	0	0	0	0	0	0	10	58	68

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	10	31	2	0	25	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	10	31	2	0	25	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6.75
LPN's	8.90
Certified Aides	34.71
Other Health Staff	0.00
Non-Health Staff	24.54
Totals	76.90

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
45.5%	24.6%	1.6%	4.3%	23.9%	100.0%		
2,898,457	1,565,467	104,207	276,859	1,522,398	6,367,388	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 Friar

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	56
Total Discharges 2017	58
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	74
Mental Illness	0
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	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	83

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	106	106	83	106	83	23	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	83	106	83	23	0	106

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17	0.0%	24585	63.5%	0	5209	0	0	29811	77.1%	77.1%
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	17	0.0%	24585	63.5%	0	5209	0	0	29811	77.1%	77.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	7	0	0	0	0	0	0	3	7	10
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	18	65	0	0	0	0	0	0	18	65	83

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	68	0	0	15	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	0	68	0	0	15	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	158	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	79	0	0	0	79
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	4.00
LPN's	12.00
Certified Aides	45.00
Other Health Staff	4.00
Non-Health Staff	30.00
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%	78.6%	0.0%	0.0%	21.4%	100.0%		
0	3,007,657	0	0	820,892	3,828,549	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 4/18/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	8
Total Discharges 2017	10
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	43
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	43

Total Residents Diagnosed as Mentally Ill 43

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	46	51	43	8		64
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	51	51	46	51	43	8	0	64

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			15381	65.8%	0	0	0	0	15381	82.6%	82.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	15381	65.8%	0	0	0	0	15381	82.6%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	18	6	0	0	18	6	24
60 to 64	0	0	0	0	3	1	0	0	3	1	4
65 to 74	0	0	0	0	4	2	0	0	4	2	6
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	29	14	0	0	29	14	43

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		43	0	0	0	0	43
Sheltered Care			0	0	0	0	0
TOTALS	0	43	0	0	0	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	136	336
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	31	0	31
Race Unknown	0	0	0	0	0
Total	0	0	43	0	43

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	43	0	43
Ethnicity Unknown	0	0	0	0	0
Total	0	0	43	0	43

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	5.00
Certified Aides	0.00
Other Health Staff	36.00
Non-Health Staff	13.00
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
0.0%	87.7%	12.3%	0.0%	0.0%	100.0%		
0	1,764,848	246,710	0	391	2,011,949	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Naperville Manor Health & Rehab Center
200 Martin Avenue
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
Danielle King
630-753-8450

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	6
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 49

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	93	0	93	68	47	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	93	0	93	68	47	115	115

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	0	0	0	0	0	0	6	2	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	5	15	0	0	0	0	0	0	5	15	20
75 to 84	6	9	0	0	0	0	0	0	6	9	15
85+	3	13	0	0	0	0	0	0	3	13	16
TOTALS	23	45	0	0	0	0	0	0	23	45	68

Naperville Manor Health & Rehab Center
200 Martin Avenue
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	6	50	0	6	6	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	6	50	0	6	6	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	676	572
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	1	0	0	0	1
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	4	0	0	0	4
Non-Hispanic	64	0	0	0	64
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	22.14
LPN's	2.43
Certified Aides	24.10
Other Health Staff	13.15
Non-Health Staff	21.39
Totals	85.21

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%	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.

Nature Trail Health Care Center
1001 S 34th Street
Mount 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 4/4/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	142
Total Discharges 2017	154
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
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	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	31
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	74	74	73	74	51	23	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	73	74	51	23	19	74

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	50.9%	14168	52.5%	2649	128	2155	0	22630	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	3530	50.9%	14168	52.5%	2649	128	2155	0	22630	83.8%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	1	3	4
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	5	10	0	0	0	0	0	0	5	10	15
TOTALS	23	28	0	0	0	0	0	0	23	28	51

Nature Trail Health Care Center
1001 S 34th Street
Mount 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	12	27	7	0	5	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	12	27	7	0	5	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	49	0	0	0	49
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	0.40
Physicians	0.00
Director of Nursing	0.90
Registered Nurses	7.10
LPN's	5.20
Certified Aides	17.30
Other Health Staff	5.20
Non-Health Staff	6.60
Totals	42.70

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
22.2%	68.1%	5.5%	0.1%	4.0%	100.0%		
2,075,690	6,374,514	518,231	13,391	373,818	9,355,644	18,283	0.2%

*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 4/8/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	29
Total Discharges 2017	46
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	32

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	53	53	41	53	32	21	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	32	21	0	53

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	946	0.0%	7062	36.5%	0	0	4437	0	12445	64.3%	64.3%
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	946	0.0%	7062	36.5%	0	0	4437	0	12445	64.3%	64.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	0	0	0	0	0	0	4	0	4
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	22	0	0	0	0	0	0	1	22	23
TOTALS	7	25	0	0	0	0	0	0	7	25	32

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	15	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	4	15	0	0	13	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	7.00
Certified Aides	9.00
Other Health Staff	2.00
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
20.5%	49.3%	0.0%	0.4%	29.8%	100.0%		
515,575	1,236,236	0	10,570	746,697	2,509,078	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 x269

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/15/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5683	97.3%	0	0	0	0	5683	97.3%	97.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5683	97.3%	0	0	0	0	5683	97.3%	97.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	1	0	0	0	1	1
TOTALS	0	0	0	0	6	10	0	0	6	10	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	198	198
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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%	14.3%	85.7%	0.0%	0.0%	100.0%		
0	155,721	931,504	0	0	1,087,225	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/26/2019

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	44
Total Discharges 2017	39
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	12
Mental Illness	1
Developmental Disability	1
Circulatory System	13
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	41

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	60	43	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	43	60	41	19	60	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1252	5.7%	8262	37.7%	0	31	4274	0	13819	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	1252	5.7%	8262	37.7%	0	31	4274	0	13819	63.1%	63.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	4	0	0	0	0	0	0	3	4	7
75 to 84	5	11	0	0	0	0	0	0	5	11	16
85+	1	13	0	0	0	0	0	0	1	13	14
TOTALS	10	31	0	0	0	0	0	0	10	31	41

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	27	12	0	0	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	27	12	0	0	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
LPN's	6.00
Certified Aides	14.00
Other Health Staff	3.00
Non-Health Staff	19.00
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
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.

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 4/9/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	66
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	4
Alzheimer Disease	2
Mental Illness	4
Developmental Disability	0
Circulatory System	16
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	45

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	2321	11.2%	6348	30.5%	0	16	8007	0	16692	80.2%	83.1%
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	2321	11.2%	6348	30.5%	0	16	8007	0	16692	80.2%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	11	34	0	0	0	0	0	0	11	34	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	7	18	0	0	20	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	18	0	0	20	0	45

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	14.00
Other Health Staff	2.00
Non-Health Staff	13.00
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
34.3%	31.8%	0.0%	2.5%	31.3%	100.0%		
1,057,007	980,420	0	78,129	963,409	3,078,965	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 4/8/2019

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 - 2018

Residents on 1/1/2017	287
Total Admissions 2017	110
Total Discharges 2017	112
Residents on 12/31/2017	285

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	76
Mental Illness	78
Developmental Disability	1
Circulatory System	44
Respiratory System	32
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	285

Total Residents Diagnosed as Mentally Ill 78

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	304	301	289	301	285	19	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	289	301	285	19	304	304

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3372	3.0%	97465	87.8%	0	293	1838	0	102968	92.8%	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	3372	3.0%	97465	87.8%	0	293	1838	0	102968	92.8%	93.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	8	0	0	0	0	0	0	14	8	22
60 to 64	15	10	0	0	0	0	0	0	15	10	25
65 to 74	21	29	0	0	0	0	0	0	21	29	50
75 to 84	25	39	0	0	0	0	0	0	25	39	64
85+	28	95	0	0	0	0	0	0	28	95	123
TOTALS	104	181	0	0	0	0	0	0	104	181	285

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	270	0	2	6	0	285
Skilled Under 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	270	0	2	6	0	285

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	175	0	0	0	175
American Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pacific Isl.	0	0	0	0	0
White	92	0	0	0	92
Race Unknown	10	0	0	0	10
Total	286	0	0	0	286

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	266	0	0	0	266
Ethnicity Unknown	10	0	0	0	10
Total	285	0	0	0	285

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	31.00
LPN's	24.00
Certified Aides	90.00
Other Health Staff	22.00
Non-Health Staff	85.00
Totals	256.00

NET REVENUE BY PAYOR 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%	88.7%	0.0%	0.8%	0.9%	100.0%		
1,910,988	17,702,479	0	156,089	189,297	19,958,853	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Nokomis Rehab 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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	42
Total Admissions 2017	55
Total Discharges 2017	60
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	13
Developmental Disability	3
Circulatory System	6
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	37

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	45	92	37	55	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	45	92	37	55	92	92

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1029	3.1%	10035	29.9%	0	12	2496	0	13572	40.4%	40.4%
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	1029	3.1%	10035	29.9%	0	12	2496	0	13572	40.4%	40.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	5	3	8
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	3	5	0	0	0	0	0	0	3	5	8
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	16	21	0	0	0	0	0	0	16	21	37

Nokomis Rehab 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	3	30	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	3	30	0	0	4	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	9.00
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	1.00
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
8.6%	75.7%	0.0%	1.1%	14.6%	100.0%		
155,874	1,380,190	0	20,698	265,810	1,822,572	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

Registered Agent Information
Abraham Gutnicki
4711 Golf Road
Skokie, IL 60073

Date Questionnaire Completed 12:00:00 AM

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 - 2018

Residents on 1/1/2017	258
Total Admissions 2017	540
Total Discharges 2017	556
Residents on 12/31/2017	242

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	31
Blood Disorders	3
*Nervous System Non Alzheimer	20
Alzheimer Disease	2
Mental Illness	9
Developmental Disability	0
Circulatory System	62
Respiratory System	25
Digestive System	22
Genitourinary System Disorders	11
Skin Disorders	5
Musculo-skeletal Disorders	35
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	242

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	292	292	270	292	242	50	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	270	292	242	50	292	292

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18106	17.0%	60552	56.8%	2615	876	8933	0	91082	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	18106	17.0%	60552	56.8%	2615	876	8933	0	91082	85.5%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	5	0	0	0	0	0	0	5	5	10
60 to 64	5	4	0	0	0	0	0	0	5	4	9
65 to 74	17	19	0	0	0	0	0	0	17	19	36
75 to 84	27	61	0	0	0	0	0	0	27	61	88
85+	32	66	0	0	0	0	0	0	32	66	98
TOTALS	86	156	0	0	0	0	0	0	86	156	242

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	60	159	0	3	20	0	242
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	60	159	0	3	20	0	242

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	335	293
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	132	0	0	0	132
Total	242	0	0	0	242

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	32	0	0	0	32
Non-Hispanic	100	0	0	0	100
Ethnicity Unknown	110	0	0	0	110
Total	242	0	0	0	242

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.13
Registered Nurses	43.95
LPN's	17.92
Certified Aides	87.47
Other Health Staff	17.22
Non-Health Staff	60.65
Totals	230.34

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
44.1%	43.7%	0.0%	2.9%	9.3%	100.0%		
11,478,672	11,360,445	0	745,047	2,417,943	26,002,107	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

North Adams Home
2259 1100th St
Mendon, IL. 62351

Reference Numbers

Facility ID	6006589	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Tonia Hemming

Contact Person and Telephone
Tonia Hemming
217-936-2137

Registered Agent Information
Tonia Hemming
2259 E 1100th St
Mendon, IL 62351

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	21
Total Discharges 2017	34
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	3
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	8
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	92	80	60	80	47	45	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	47	45	92	92

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1311	3.9%	11828	35.2%	0	0	6678	0	19817	59.0%	67.9%
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	1311	3.9%	11828	35.2%	0	0	6678	0	19817	59.0%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
75 to 84	7	17	0	0	0	0	0	0	7	17	24
85+	2	14	0	0	0	0	0	0	2	14	16
TOTALS	12	35	0	0	0	0	0	0	12	35	47

North Adams Home
2259 1100th St
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	1	31	0	3	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	1	31	0	3	12	0	47

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	179
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.55
LPN's	5.47
Certified Aides	15.67
Other Health Staff	0.23
Non-Health Staff	21.31
Totals	50.23

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
18.2%	38.9%	0.0%	0.3%	42.5%	100.0%		
581,433	1,238,834	0	10,657	1,355,252	3,186,176	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	27
Total Discharges 2017	29
Residents on 12/31/2017	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	99
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	3
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 99

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	108	129	102	27	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	108	129	102	27	0	129

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	37371	79.4%	0	0	371	0	37742	80.2%	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	0	0.0%	37371	79.4%	0	0	371	0	37742	80.2%	80.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	17	0	0	0	0	0	0	19	17	36
60 to 64	12	17	0	0	0	0	0	0	12	17	29
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	2	3	0	0	0	0	0	0	2	3	5
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	49	53	0	0	0	0	0	0	49	53	102

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	101	0	0	1	0	102
Skilled Under 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	101	0	0	1	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	90	0	0	0	90
Race Unknown	5	0	0	0	5
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	90	0	0	0	90
Ethnicity Unknown	5	0	0	0	5
Total	102	0	0	0	102

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	30.00
Other Health Staff	3.00
Non-Health Staff	33.00
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
0.9%	98.0%	0.0%	0.0%	1.1%	100.0%		
42,297	4,790,673	0	0	55,776	4,888,746	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
Lawrence Y Schwartz
8170 N McCormick Blvd, Ste 219
Skokie, IL 60076

Date Questionnaire Completed 3/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	165
Total Discharges 2017	166
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	21
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	79

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	108	0	0	0	79	29	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	0	79	29	108	108

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3511	8.9%	12587	31.9%	0	0	13961	0	30059	76.3%	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	3511	8.9%	12587	31.9%	0	0	13961	0	30059	76.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	14	35	0	0	0	0	0	0	14	35	49
TOTALS	25	54	0	0	0	0	0	0	25	54	79

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	3	41	0	0	35	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	3	41	0	0	35	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	147
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	72	0	0	0	72
Race Unknown	1	0	0	0	1
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	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	5.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	24.00
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
24.4%	40.7%	8.2%	3.1%	23.7%	100.0%		
1,196,465	1,996,337	404,670	150,934	1,162,281	4,910,687	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 4/4/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	253
Total Discharges 2017	253
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	5
*Nervous System Non Alzheimer	4
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	1
Injuries and Poisonings	9
Other Medical Conditions	21
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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3690	8.9%	15630	37.9%	0	1491	4711	0	25522	61.9%	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	3690	8.9%	15630	37.9%	0	1491	4711	0	25522	61.9%	64.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	6	2	8
65 to 74	9	2	0	0	0	0	0	0	9	2	11
75 to 84	12	26	0	0	0	0	0	0	12	26	38
85+	5	32	0	0	0	0	0	0	5	32	37
TOTALS	32	62	0	0	0	0	0	0	32	62	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	64	0	1	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	64	0	1	19	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	9.00
LPN's	10.00
Certified Aides	36.00
Other Health Staff	0.00
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
32.2%	47.9%	0.0%	9.2%	10.7%	100.0%		
2,625,167	3,910,048	0	746,556	876,334	8,158,105	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
Jon Ragsdale

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 4/20/2019

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 - 2018

Residents on 1/1/2017	173
Total Admissions 2017	170
Total Discharges 2017	157
Residents on 12/31/2017	186

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	20
Mental Illness	15
Developmental Disability	0
Circulatory System	64
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	34
Injuries and Poisonings	2
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	186

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	123	8	131	88
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	130	0	67	67	63	67		
TOTAL BEDS	261	131	194	198	186	75	131	88

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	10223	21.4%	18050	56.2%	0	0	15241	0	43514	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	14190	10030	24220	51.0%	0.0%
TOTALS	10223	21.4%	18050	56.2%	0	0	29431	10030	67734	71.1%	141.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	1	0	1	1	2
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	6	10	0	0	0	0	0	4	6	14	20
75 to 84	9	23	0	0	0	0	6	11	15	34	49
85+	12	61	0	0	0	0	6	35	18	96	114
TOTALS	28	95	0	0	0	0	13	50	41	145	186

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	33	49	0	0	41	0	123
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	37	0	26	63
TOTALS	33	49	0	37	41	26	186

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	418	328
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	175	220

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	1	1
Black	3	0	0	0	3
Hawaiian/Pacific Isl.	1	0	0	0	1
White	117	0	0	62	179
Race Unknown	0	0	0	0	0
Total	123	0	0	63	186

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	1	5
Non-Hispanic	119	0	0	62	181
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	63	186

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	48.00
LPN's	4.00
Certified Aides	90.00
Other Health Staff	29.00
Non-Health Staff	132.00
Totals	306.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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%				
4,651,384	3,360,386	0		7,819,318		223,915	

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oak Brook Healthcare Centre
2013 Miswest 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 4/17/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	904
Total Discharges 2017	903
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	13
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	2
Skin Disorders	6
Musculo-skeletal Disorders	9
Injuries and Poisonings	15
Other Medical Conditions	16
Non-Medical Conditions	0
TOTALS	96

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	156	114	111	111	96	60	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	111	96	60	156	41

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13341	23.4%	8478	56.7%	0	1789	12366	0	35974	63.2%	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	13341	23.4%	8478	56.7%	0	1789	12366	0	35974	63.2%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	4	0	0	0	0	0	0	6	4	10
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	7	49	0	0	0	0	0	0	7	49	56
TOTALS	23	73	0	0	0	0	0	0	23	73	96

Oak Brook Healthcare Centre
2013 Miswest 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	29	19	0	13	35	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	29	19	0	13	35	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	87	0	0	0	87
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	96	0	0	0	96
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	22.80
LPN's	14.40
Certified Aides	51.10
Other Health Staff	8.00
Non-Health Staff	55.50
Totals	153.80

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
58.3%	11.0%	0.0%	6.6%	24.2%	100.0%		
8,019,000	1,507,000	0	905,000	3,325,000	13,756,000	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
Christy Brinkmann
618-939-3488 x1121

Registered Agent Information

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	136
Total Admissions 2017	293
Total Discharges 2017	307
Residents on 12/31/2017	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	37
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	7
Other Medical Conditions	19
Non-Medical Conditions	0
TOTALS	122

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	144	144	144	144	122	22	144	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	144	144	144	144	122	22	144	123

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5231	10.0%	13263	29.5%	0	0	31180	0	49674	94.5%	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	5231	10.0%	13263	29.5%	0	0	31180	0	49674	94.5%	94.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	10	23	0	0	0	0	0	0	10	23	33
85+	18	65	0	0	0	0	0	0	18	65	83
TOTALS	29	93	0	0	0	0	0	0	29	93	122

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	8	33	0	0	81	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	8	33	0	0	81	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	262	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	122	0	0	0	122
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	0	0	0	0	0
Non-Hispanic	122	0	0	0	122
Ethnicity Unknown	0	0	0	0	0
Total	122	0	0	0	122

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	
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	

NET REVENUE BY PAYOR 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%	18.7%	0.0%	3.6%	57.1%	100.0%		
2,209,335	2,007,602	0	382,370	6,129,093	10,728,400	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 4/18/2019

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	106
Total Discharges 2017	100
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	17
Respiratory System	29
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	83

Total Residents Diagnosed as Mentally Ill 45

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	143	110	92	110	83	60	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	92	110	83	60	54	143

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1684	8.5%	27828	53.3%	0	234	711	0	30457	58.4%	75.9%
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	1684	8.5%	27828	53.3%	0	234	711	0	30457	58.4%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	7	4	11
45 to 59	17	11	0	0	0	0	0	0	17	11	28
60 to 64	9	7	0	0	0	0	0	0	9	7	16
65 to 74	12	9	0	0	0	0	0	0	12	9	21
75 to 84	3	2	0	0	0	0	0	0	3	2	5
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	48	35	0	0	0	0	0	0	48	35	83

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	80	0	0	1	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	2	80	0	0	1	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	61	0	0	0	61
Hawaiian/Pacific Isl.	0	0	0	0	0
White	22	0	0	0	22
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	5	0	0	0	5
Non-Hispanic	78	0	0	0	78
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	0	83

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	4.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	22.00
Certified Aides	39.00
Other Health Staff	13.00
Non-Health Staff	34.00
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
12.9%	83.8%	0.0%	1.7%	1.7%	100.0%		
1,067,386	6,955,384	0	139,870	138,908	8,301,548	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oak Park Oasis
625 N Harlem
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
Gutnicki LLP
4711 Golf Road, Suite 200
Skokie, IL 60076

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	139
Total Admissions 2017	124
Total Discharges 2017	138
Residents on 12/31/2017	125

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	16
Endocrine/Metabolic	12
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	2
Mental Illness	7
Developmental Disability	0
Circulatory System	42
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	125

Total Residents Diagnosed as Mentally Ill 7

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	204	204	139	170	125	79	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	170	125	79	204	204

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3894	5.2%	43289	58.1%	0	47	783	0	48013	64.5%	64.5%
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	3894	5.2%	43289	58.1%	0	47	783	0	48013	64.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	8	0	0	0	0	0	0	13	8	21
60 to 64	17	8	0	0	0	0	0	0	17	8	25
65 to 74	28	14	0	0	0	0	0	0	28	14	42
75 to 84	13	10	0	0	0	0	0	0	13	10	23
85+	6	5	0	0	0	0	0	0	6	5	11
TOTALS	78	47	0	0	0	0	0	0	78	47	125

Oak Park Oasis
625 N Harlem
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	9	114	0	0	2	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	9	114	0	0	2	0	125

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	64	0	0	0	64
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	0	0	0	0	0
Total	125	0	0	0	125

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	114	0	0	0	114
Ethnicity Unknown	0	0	0	0	0
Total	125	0	0	0	125

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	7.30
LPN's	14.50
Certified Aides	44.00
Other Health Staff	4.00
Non-Health Staff	33.50
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
24.2%	74.3%	0.0%	0.3%	1.2%	100.0%		
2,215,148	6,787,983	0	28,006	110,441	9,141,578	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
118 East Edwards Street, Suite 200
Springfield, IL 62704

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	335
Total Discharges 2017	342
Residents on 12/31/2017	81

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	13
Mental Illness	8
Developmental Disability	0
Circulatory System	33
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	12
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	116

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	160	125	89	125	81	79	39	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	72	53	40	53	35	37		
TOTAL BEDS	232	178	129	178	116	116	39	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7379	51.8%	0	0.0%	0	1448	18805	1344	28976	49.6%	63.5%
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	12574	365	12939	49.2%	66.9%
TOTALS	7379	51.8%	0	0.0%	0	1448	31379	1709	41915	49.5%	64.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	2	0	0	0	0	0	1	4	3	7
75 to 84	3	19	0	0	0	0	1	6	4	25	29
85+	12	40	0	0	0	0	3	24	15	64	79
TOTALS	20	61	0	0	0	0	4	31	24	92	116

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	0	0	4	50	5	81
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	32	3	35
TOTALS	22	0	0	4	82	8	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	310	364
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	155	155

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	81	0	0	34	115
Race Unknown	0	0	0	0	0
Total	81	0	0	35	116

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	17.21
LPN's	8.55
Certified Aides	41.89
Other Health Staff	12.50
Non-Health Staff	133.90
Totals	216.05

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
33.2%	0.0%	0.0%	4.5%	62.3%	100.0%		
4,055,770	0	0	549,965	7,609,260	12,214,995	299,427	2.5%

*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 W. Main
Teutopolis, IL 62467

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	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	16
Total Admissions 2017	2
Total Discharges 2017	4
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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	7	0	0	7	7	14

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.65
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	17.37
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	19.02

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	512,787	0	0	0	512,787	0	0.0%

*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 4/17/2019

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 - 2018

Residents on 1/1/2017	12
Total Admissions 2017	1
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 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	12	12	12	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	12	12	12	11	5	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4330	74.1%	0	0	0	0	4330	74.1%	98.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4330	74.1%	0	0	0	0	4330	74.1%	98.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	4	0	0	2	4	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	6	5	0	0	6	5	11

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	0.25
Registered Nurses	1.25
LPN's	
Certified Aides	13.53
Other Health Staff	1.00
Non-Health Staff	1.80
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%	86.6%	0.0%	13.4%	0.1%	100.0%		
0	586,346	0	90,507	559	677,412	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 4/16/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	216
Total Discharges 2017	212
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	29
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	26
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	109	53	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	109	53	162	162

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4550	7.7%	21291	36.0%	0	0	14079	0	39920	67.5%	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	4550	7.7%	21291	36.0%	0	0	14079	0	39920	67.5%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	1	4	5
75 to 84	5	21	0	0	0	0	0	0	5	21	26
85+	19	58	0	0	0	0	0	0	19	58	77
TOTALS	25	84	0	0	0	0	0	0	25	84	109

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	11	59	0	0	39	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	11	59	0	0	39	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	208	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	14.40
LPN's	13.40
Certified Aides	40.00
Other Health Staff	17.00
Non-Health Staff	28.00
Totals	114.80

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
30.2%	35.7%	0.0%	0.0%	34.2%	100.0%		
2,471,727	2,918,622	0	0	2,796,047	8,186,396	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
CT Corporation System
208 South LaSalle St., Suite 814
Chicago, IL 60604

Date Questionnaire Completed 3/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	128
Total Discharges 2017	69
Residents on 12/31/2017	142

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	7
Mental Illness	15
Developmental Disability	0
Circulatory System	7
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 15

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	99	99	91	99	85	14	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	99	91	99	85	14	33	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5044	41.9%	20767	57.5%	0	379	3639	0	29829	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	5044	41.9%	20767	57.5%	0	379	3639	0	29829	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	9	0	0	0	0	0	0	1	9	10
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	3	20	0	0	0	0	0	0	3	20	23
TOTALS	23	62	0	0	0	0	0	0	23	62	85

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	63	0	1	6	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	63	0	1	6	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	177
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	10.00
LPN's	5.00
Certified Aides	36.00
Other Health Staff	14.00
Non-Health Staff	8.00
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
41.8%	45.5%	0.3%	2.1%	10.3%	100.0%		
2,623,121	2,851,599	20,145	129,817	648,225	6,272,907	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

O'Donnell House
6300 North 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 3/15/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	4	0	0	0	4	4
45 to 59	0	0	0	0	0	8	0	0	0	8	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	0	12	0	0	0	12	12

O'Donnell House
6300 North 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.03
Other Health Staff	4.91
Non-Health Staff	0.22
Totals	14.57

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	0.0%	0.0%	13.5%	100.0%		
0	671,180	0	0	104,981	776,161	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
Dana Ossola-Jung

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	73.0%	2.2%	0.0%	24.8%	100.0%		
0	528,035	15,953	0	179,011	722,999	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Oregon Living & Rehab Center
811 South 10th Street
Oregon, IL. 61061

Reference Numbers

Facility ID	6009989	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
JUDY ICKES-BARKER

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 4/29/2019

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 - 2018

Residents on 1/1/2017	62
Total Admissions 2017	112
Total Discharges 2017	117
Residents on 12/31/2017	57

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	53
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 32

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	65	104	57	47	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	65	104	57	47	20	104

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2236	30.6%	16525	43.5%	0	0	2760	0	21521	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	2236	30.6%	16525	43.5%	0	0	2760	0	21521	56.7%	56.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	5	1	6
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	4	25	0	0	0	0	0	0	4	25	29
TOTALS	16	41	0	0	0	0	0	0	16	41	57

Oregon Living & Rehab Center
811 South 10th Street
Oregon, IL. 61061

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	6	44	0	0	7	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	6	44	0	0	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Ethnicity Unknown	57	0	0	0	57
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	6.00
LPN's	4.00
Certified Aides	12.00
Other Health Staff	0.00
Non-Health Staff	50.00
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
22.9%	63.1%	0.0%	14.0%	0.0%	100.0%		
891,645	2,454,376	0	542,861	0	3,888,882	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

OSF Healthcare SJMC
2200 East Washington Street
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
Natasha Smith
309-662-3311 x2954

Registered Agent Information
Transitional Care Unit
2200 East Washington Street
Bloomington, IL 61701

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	3
Total Admissions 2017	190
Total Discharges 2017	190
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	0
Other Medical Conditions	3
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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	33.7%	75	1.7%	0	198	0	25	1773	40.5%	40.5%
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	1475	33.7%	75	1.7%	0	198	0	25	1773	40.5%	40.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	2	1	0	0	0	0	0	0	2	1	3

OSF Healthcare SJMC
2200 East Washington Street
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	3	0	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	3	0	0	0	0	0	3

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	703
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3	0	0	0	3
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	0.05
Physicians	0.05
Director of Nursing	0.50
Registered Nurses	4.50
LPN's	0.90
Certified Aides	3.00
Other Health Staff	0.40
Non-Health Staff	0.60
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%	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.

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 x223

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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
Nissim Bejar

Contact Person and Telephone
Nissim Alex Bejar
815-431-4900

Registered Agent Information
Abraham Stern
191 N Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	121
Total Admissions 2017	354
Total Discharges 2017	343
Residents on 12/31/2017	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	13
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	12
Developmental Disability	0
Circulatory System	24
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	34
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 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	134	135	132	3	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	134	135	132	3	135	95

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7448	15.1%	17879	51.6%	2694	1803	13286	0	43110	87.5%	87.5%
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	7448	15.1%	17879	51.6%	2694	1803	13286	0	43110	87.5%	87.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
65 to 74	8	15	0	0	0	0	0	0	8	15	23
75 to 84	12	22	0	0	0	0	0	0	12	22	34
85+	19	50	0	0	0	0	0	0	19	50	69
TOTALS	40	92	0	0	0	0	0	0	40	92	132

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	33	55	0	2	42	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	33	55	0	2	42	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	225	275

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	132	0	0	0	132
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	2	0	0	0	2
Non-Hispanic	130	0	0	0	130
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	14.00
LPN's	13.00
Certified Aides	67.00
Other Health Staff	11.00
Non-Health Staff	40.00
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
40.2%	26.8%	4.9%	0.7%	27.4%	100.0%		
4,514,067	3,006,189	553,171	80,585	3,070,980	11,224,992	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 Avenue
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 4/17/2019

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 - 2018

Residents on 1/1/2017	109
Total Admissions 2017	185
Total Discharges 2017	185
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	4
Mental Illness	22
Developmental Disability	1
Circulatory System	34
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	109

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	87	87	0	87	72	15	37	44
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	50	50	0	50	37	13		
TOTAL BEDS	137	137	0	137	109	28	37	44

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3717	27.5%	10309	64.2%	0	0	10684	0	24710	77.8%	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	12275	975	13250	72.6%	72.6%
TOTALS	3717	27.5%	10309	64.2%	0	0	22959	975	37960	75.9%	75.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	5	13	0	0	0	0	6	8	11	21	32
85+	9	37	0	0	0	0	3	20	12	57	69
TOTALS	17	55	0	0	0	0	9	28	26	83	109

Our Lady of Angels Retirement Home
1201 Wyoming Avenue
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	25	0	0	26	0	72
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	34	3	37
TOTALS	21	25	0	0	60	3	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	271	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	125

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	37	109
Race Unknown	0	0	0	0	0
Total	72	0	0	37	109

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	72	0	0	37	109
Ethnicity Unknown	0	0	0	0	0
Total	72	0	0	37	109

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	16.00
Certified Aides	41.00
Other Health Staff	17.00
Non-Health Staff	75.00
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
24.7%	17.2%	0.0%	0.0%	58.2%	100.0%		
2,197,606	1,532,719	0	0	5,183,839	8,914,164	39,528	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

PA Peterson at The Citadel, LLC
1311 Parkview Avenue
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 4/30/2019

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 - 2018

Residents on 1/1/2017	98
Total Admissions 2017	390
Total Discharges 2017	372
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	25
Developmental Disability	0
Circulatory System	23
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	17
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	129	129	127	129	116	13	129	129
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	29	19	17	19	17	12		
TOTAL BEDS	158	148	144	148	133	25	129	129

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7345	15.6%	24049	51.1%	0	2797	7626	0	41817	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	4426	0	4426	41.8%	63.8%
TOTALS	7345	15.6%	24049	51.1%	0	2797	12052	0	46243	80.2%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	3	0	0	0	0	1	1	3	4	7
65 to 74	15	15	0	0	0	0	2	0	17	15	32
75 to 84	9	31	0	0	0	0	1	2	10	33	43
85+	10	24	0	0	0	0	2	8	12	32	44
TOTALS	40	76	0	0	0	0	6	11	46	87	133

PA Peterson at The Citadel, LLC
1311 Parkview Avenue
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	9	69	0	11	27	0	116
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	9	69	0	11	44	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	292	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	160	165

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	100	0	0	17	117
Race Unknown	0	0	0	0	0
Total	116	0	0	17	133

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	111	0	0	17	128
Ethnicity Unknown	0	0	0	0	0
Total	116	0	0	17	133

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	33.30
Other Health Staff	17.00
Non-Health Staff	25.10
Totals	104.90

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
10.6%	40.2%	33.1%	0.0%	16.1%	100.0%		
917,998	3,486,564	2,863,961	0	1,395,015	8,663,538	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Palm Terrace of Mattoon
1000 Palm Ave.
Mattoon, IL. 61938

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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/1/2019

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 - 2018

Residents on 1/1/2017	139
Total Admissions 2017	65
Total Discharges 2017	71
Residents on 12/31/2017	133

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	32
Blood Disorders	10
*Nervous System Non Alzheimer	2
Alzheimer Disease	6
Mental Illness	63
Developmental Disability	3
Circulatory System	6
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	133

Total Residents Diagnosed as Mentally Ill 114

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	142	178	133	45	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	142	178	133	45	178	178

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2041	3.1%	42586	65.5%	0	0	4988	0	49615	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	2041	3.1%	42586	65.5%	0	0	4988	0	49615	76.4%	76.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	22	13	0	0	0	0	0	0	22	13	35
60 to 64	8	6	0	0	0	0	0	0	8	6	14
65 to 74	17	20	0	0	0	0	0	0	17	20	37
75 to 84	14	13	0	0	0	0	0	0	14	13	27
85+	1	15	0	0	0	0	0	0	1	15	16
TOTALS	63	70	0	0	0	0	0	0	63	70	133

Palm Terrace of Mattoon
1000 Palm Ave.
Mattoon, IL. 61938

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	5	112	0	0	16	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	5	112	0	0	16	0	133

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	118	0	0	0	118
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	133	0	0	0	133
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	10.00
LPN's	13.00
Certified Aides	28.00
Other Health Staff	6.00
Non-Health Staff	48.00
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
5.3%	79.7%	0.0%	0.0%	15.0%	100.0%		
305,612	4,635,855	0	2,905	871,066	5,815,438	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 x3302

Registered Agent Information
Frank Dickinson
1450 Caseyville Avenue
Swansea, IL 62226

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	5
Total Discharges 2017	9
Residents on 12/31/2017	59

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	59
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	65	65	63	65	59	6		100
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	65	65	63	65	59	6	0	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			21376	58.6%	0	0	0	0	21376	90.1%	90.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	21376	58.6%	0	0	0	0	21376	90.1%	90.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	17	7	0	0	17	7	24
45 to 59	0	0	0	0	11	9	0	0	11	9	20
60 to 64	0	0	0	0	4	5	0	0	4	5	9
65 to 74	0	0	0	0	1	3	0	0	1	3	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	33	26	0	0	33	26	59

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		59	0	0	0	0	59
Sheltered Care			0	0	0	0	0
TOTALS	0	59	0	0	0	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	175	163
Sheltered Care	0	0

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	18	0	18
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	40	0	40
Race Unknown	0	0	0	0	0
Total	0	0	59	0	59

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	0	0	59	0	59
Ethnicity Unknown	0	0	0	0	0
Total	0	0	59	0	59

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	0.00
LPN's	7.01
Certified Aides	51.40
Other Health Staff	7.43
Non-Health Staff	17.48
Totals	85.32

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
0.0%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	2,810,949	0	0	436,958	3,247,907	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
217-465-5376

Registered Agent Information

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	79
Total Discharges 2017	82
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	13
Mental Illness	0
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	60

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	73	110	60	68	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	73	110	60	68	128	128

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2167	4.6%	11328	24.2%	1738	34	5957	0	21224	45.4%	52.9%
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	2167	4.6%	11328	24.2%	1738	34	5957	0	21224	45.4%	52.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	5	0	0	0	0	0	0	5	5	10
75 to 84	2	17	0	0	0	0	0	0	2	17	19
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	18	42	0	0	0	0	0	0	18	42	60

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	7	32	4	0	17	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	7	32	4	0	17	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.25
Director of Nursing	1.00
Registered Nurses	2.50
LPN's	5.25
Certified Aides	17.38
Other Health Staff	2.00
Non-Health Staff	21.75
Totals	51.13

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
29.7%	46.3%	3.0%	1.4%	19.6%	100.0%		
1,277,848	1,991,204	130,119	59,353	843,473	4,301,997	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
Bonnie Willett

Contact Person and Telephone
Frank Portada
708-425-7377

Registered Agent Information
James Himmel
6500 College Drive
Palos Heights, IL 60463

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	1
Total Discharges 2017	0
Residents on 12/31/2017	37

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	37
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	41	41	37	41	37	4		41
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	41	41	37	41	37	4	0	41

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	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			13158	87.9%	0	0	0	0	13158	87.9%	87.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	13158	87.9%	0	0	0	0	13158	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	5	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	5	0	0	2	5	7
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	22	0	0	15	22	37

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		37	0	0	0	0	37
Sheltered Care			0	0	0	0	0
TOTALS	0	37	0	0	0	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	32	0	32
Race Unknown	0	0	0	0	0
Total	0	0	37	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	2	0	2
Non-Hispanic	0	0	35	0	35
Ethnicity Unknown	0	0	0	0	0
Total	0	0	37	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	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%	85.7%	0.0%	0.0%	14.3%	100.0%		
0	1,951,082	0	0	325,652	2,276,734	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Lawn Home
12615 S. Kostner
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
Bonnie Willett

Contact Person and Telephone
Frank Portada
708-425-7377

Registered Agent Information
James Himmel
6500 College Drive
Palos Heights, IL 60463

Date Questionnaire Completed

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	74.8%	0.0%	0.0%	25.2%	100.0%		
0	487,906	0	0	164,715	652,621	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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
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 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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4898	83.9%	0	0	0	0	4898	83.9%	83.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4898	83.9%	0	0	0	0	4898	83.9%	83.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	0	3	0	0	0	3	3
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	7	7	0	0	7	7	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	0.25
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.50
Certified Aides	
Other Health Staff	7.50
Non-Health Staff	0.50
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%	90.1%	0.0%	0.0%	9.9%	100.0%		
0	541,068	0	0	59,625	600,693	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
Cristy Bixler

Contact Person and Telephone
Jennifer Pontious
618-533-7922

Registered Agent Information
Marvin Miller
623 E Broadway
Centralia, IL 62801

Date Questionnaire Completed 5/13/2019

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 - 2018

Residents on 1/1/2017	14
Total Admissions 2017	4
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 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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5078	87.0%	0	0	0	0	5078	87.0%	87.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5078	87.0%	0	0	0	0	5078	87.0%	87.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	3	4	7
60 to 64	0	0	0	0	1	2	0	0	1	2	3
65 to 74	0	0	0	0	2	4	0	0	2	4	6
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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	172
Sheltered Care	0	0

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	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	0.00
LPN's	1.00
Certified Aides	12.00
Other Health Staff	2.00
Non-Health Staff	0.00
Totals	16.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	85.8%	0.3%	0.0%	13.9%	100.0%		
0	748,294	2,220	0	121,414	871,928	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Place Christian Community
1150 Euclid Ave
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 North Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/19/2019

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	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	30
Total Admissions 2017	537
Total Discharges 2017	532
Residents on 12/31/2017	35

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	1
Skin Disorders	2
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	9
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	37	37	37	37	35	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	37	37	37	37	35	2		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	0	0.0%	0	1704	5052	0	12775	94.6%	94.6%
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	6019	0.0%	0	0.0%	0	1704	5052	0	12775	94.6%	94.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	9	11	0	0	0	0	0	0	9	11	20
TOTALS	18	17	0	0	0	0	0	0	18	17	35

Park Place Christian Community
1150 Euclid Ave
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	7	11	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	17	0	0	7	11	0	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	33	0	0	0	33
Race Unknown	1	0	0	0	1
Total	35	0	0	0	35

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	34	0	0	0	34
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	14.11
LPN's	0.00
Certified Aides	22.44
Other Health Staff	10.27
Non-Health Staff	24.57
Totals	73.39

NET REVENUE BY PAYOR 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%	0.0%	0.0%	4.5%	69.8%	100.0%		
4,626,101	0	0	808,166	12,559,111	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 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	61
Total Discharges 2017	53
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	57

Total Residents Diagnosed as Mentally Ill 5

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	80	80	59	80	57	23	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	59	80	57	23	0	80

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1842	0.0%	13618	46.6%	0	50	1175	0	16685	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	1842	0.0%	13618	46.6%	0	50	1175	0	16685	57.1%	57.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	3	0	0	0	0	0	0	3	3	6
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	3	7	0	0	0	0	0	0	3	7	10
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	28	29	0	0	0	0	0	0	28	29	57

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	8	36	0	9	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	8	36	0	9	4	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	6.25
LPN's	2.00
Certified Aides	16.25
Other Health Staff	0.00
Non-Health Staff	19.40
Totals	45.90

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
25.7%	48.5%	0.0%	2.5%	23.4%	100.0%		
798,885	1,508,630	0	76,882	727,471	3,111,868	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Park Pointe Healthcare & Rehabilitation Center
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
James Harkness
1001 Warrensville Rd, Suite 500
Lisle, IL 60532

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	109
Total Admissions 2017	294
Total Discharges 2017	300
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	12
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	8
Injuries and Poisonings	11
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	103	39	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	0	0	0	103	39	67	142

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	30.1%	17501	33.8%	0	145	13453	0	38456	74.2%	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	7357	30.1%	17501	33.8%	0	145	13453	0	38456	74.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	0	0	0	0	0	0	3	10	13
75 to 84	12	21	0	0	0	0	0	0	12	21	33
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	27	76	0	0	0	0	0	0	27	76	103

Park Pointe Healthcare & Rehabilitation Center
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	48	0	0	34	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	21	48	0	0	34	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2	0	0	0	2
Non-Hispanic	101	0	0	0	101
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	11.00
LPN's	9.00
Certified Aides	36.00
Other Health Staff	11.00
Non-Health Staff	47.00
Totals	116.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
42.5%	25.6%	0.0%	0.7%	31.1%	100.0%		
4,233,664	2,549,396	0	72,057	3,098,894	9,954,011	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 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	40
Total Admissions 2017	24
Total Discharges 2017	22
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	39
Mental Illness	0
Developmental Disability	2
Circulatory System	0
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	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	46	46	44	46	42	4	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	44	46	42	4	46	46

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1062	6.3%	13520	80.5%	0	0	81	0	14663	87.3%	87.3%
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	1062	6.3%	13520	80.5%	0	0	81	0	14663	87.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	11	0	0	0	0	0	0	8	11	19
60 to 64	3	8	0	0	0	0	0	0	3	8	11
65 to 74	1	6	0	0	0	0	0	0	1	6	7
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	14	28	0	0	0	0	0	0	14	28	42

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	2	40	0	0	0	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	40	0	0	0	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	41	0	0	0	41
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	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	1.00
Registered Nurses	4.80
LPN's	1.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	13.00
Totals	35.80

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
22.3%	66.7%	10.4%	0.0%	0.5%	100.0%		
651,696	1,946,701	303,496	0	15,170	2,917,063	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 x20

Registered Agent Information
Abraham Stern, MS REGISTERED AGE
191 N WACKER DR, STE 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	123
Total Admissions 2017	45
Total Discharges 2017	45
Residents on 12/31/2017	123

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	14
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	0
Circulatory System	22
Respiratory System	20
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 123

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	128	128	127	128	123	5	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	127	128	123	5	124	128

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	7	4	11
45 to 59	16	14	0	0	0	0	0	0	16	14	30
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	27	17	0	0	0	0	0	0	27	17	44
75 to 84	4	10	0	0	0	0	0	0	4	10	14
85+	1	1	0	0	0	0	0	0	1	1	2
TOTALS	68	55	0	0	0	0	0	0	68	55	123

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	14	107	1	0	1	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	14	107	1	0	1	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	41	0	0	0	41
Hawaiian/Pacific Isl.	1	0	0	0	1
White	78	0	0	0	78
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	110	0	0	0	110
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.75
Director of Nursing	1.00
Registered Nurses	5.38
LPN's	13.78
Certified Aides	30.83
Other Health Staff	8.92
Non-Health Staff	19.24
Totals	81.90

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
30.3%	69.0%	0.0%	0.0%	0.7%	100.0%		
2,534,344	5,770,221	0	0	60,840	8,365,405	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Parker Nursing and Rehabilitation Center
516 W Frech St
Streator, IL. 61364

Reference Numbers

Facility ID	6001374	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Wanita Cassani

Contact Person and Telephone
Wanita Cassani
815-672-2600

Registered Agent Information

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	67
Total Discharges 2017	72
Residents on 12/31/2017	48

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	48

Total Residents Diagnosed as Mentally Ill 5

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	102	0	0	80	48	54	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	80	48	54	100	102

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2613	7.2%	12988	34.9%	120	126	1507	0	17354	46.6%	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	2613	7.2%	12988	34.9%	120	126	1507	0	17354	46.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	3	2	5
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	6	14	0	0	0	0	0	0	6	14	20
85+	1	8	0	0	0	0	0	0	1	8	9
TOTALS	18	30	0	0	0	0	0	0	18	30	48

Parker Nursing and Rehabilitation Center
516 W Frech St
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	5	37	0	2	4	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	5	37	0	2	4	0	48

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	5.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	4.00
Non-Health Staff	31.00
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
36.3%	56.1%	0.0%	0.9%	6.7%	100.0%		
1,341,315	2,070,924	0	32,680	247,105	3,692,024	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Parkshore Estates
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 Fencil Lane
Hillside, IL 60162

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	216
Total Admissions 2017	199
Total Discharges 2017	143
Residents on 12/31/2017	272

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	47
Blood Disorders	72
*Nervous System Non Alzheimer	65
Alzheimer Disease	2
Mental Illness	152
Developmental Disability	2
Circulatory System	31
Respiratory System	65
Digestive System	1
Genitourinary System Disorders	46
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	497

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	318	240	232	2	286	32	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	318	240	232	2	286	32	64	318

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	10.3%	23785	20.5%	27842	720	720	0	55474	47.8%	63.3%
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	2407	10.3%	23785	20.5%	27842	720	720	0	55474	47.8%	63.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	40	16	0	0	0	0	0	0	40	16	56
45 to 59	62	31	0	0	0	0	0	0	62	31	93
60 to 64	31	15	0	0	0	0	0	0	31	15	46
65 to 74	29	29	0	0	0	0	0	0	29	29	58
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	7	8	0	0	0	0	0	0	7	8	15
TOTALS	178	108	0	0	0	0	0	0	178	108	286

Parkshore Estates
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	258	0	0	0	258
Hawaiian/Pacific Isl.	0	0	0	0	0
White	13	0	0	0	13
Race Unknown	1	0	0	0	1
Total	275	0	0	0	275

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	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
9.2%	90.8%	0.0%	0.0%	0.0%	100.0%		
1,153,251	11,391,656	0	0	0	12,544,907	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 3/26/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	21
Total Discharges 2017	13
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	1
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	45	45	31	45	28	17	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	58	41	24	24	24	34		
TOTAL BEDS	103	86	55	69	52	51	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	10317	128	10445	63.6%	63.6%
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	6736	176	6912	32.6%	46.2%
TOTALS	0	0.0%	0	0.0%	0	0	17053	304	17357	46.2%	55.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	2	3
75 to 84	1	2	0	0	0	0	1	2	2	4	6
85+	5	18	0	0	0	0	2	18	7	36	43
TOTALS	7	21	0	0	0	0	3	21	10	42	52

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	28	0	28
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	23	1	24
TOTALS	0	0	0	0	51	1	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	199	174
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	272

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	24	52
Race Unknown	0	0	0	0	0
Total	28	0	0	24	52

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	28	0	0	24	52
Ethnicity Unknown	0	0	0	0	0
Total	28	0	0	24	52

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	8.00
Certified Aides	28.00
Other Health Staff	1.00
Non-Health Staff	34.00
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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	3,005,171	3,005,171	41,570	1.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Parkway Manor
3116 Williamson County Parkway
Marion, IL. 62949

Reference Numbers

Facility ID	6014385	
Health Service Area	005	
Planning Service Area	199	Williamson
County	199	Williamson County

Administrator
Tenia Calhoon

Contact Person and Telephone
Tenia Calhoon
618-993-8600

Registered Agent Information
J. Michael Bibo
285 North Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	94
Total Admissions 2017	518
Total Discharges 2017	510
Residents on 12/31/2017	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	15
Digestive System	11
Genitourinary System Disorders	10
Skin Disorders	6
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	102	102	29	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	0	102	102	29	131	131

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10754	22.5%	14312	29.9%	566	70	9565	0	35267	73.8%	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	10754	22.5%	14312	29.9%	566	70	9565	0	35267	73.8%	73.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	11	0	0	0	0	0	0	4	11	15
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	7	44	0	0	0	0	0	0	7	44	51
TOTALS	21	81	0	0	0	0	0	0	21	81	102

Parkway Manor
3116 Williamson County Parkway
Marion, IL. 62949

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	40	34	8	20	0	0	102
Skilled Under 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	34	8	20	0	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	203	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	100	0	0	0	100
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

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	2.50
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	24.00
Certified Aides	68.00
Other Health Staff	30.00
Non-Health Staff	44.00
Totals	181.50

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
73.0%	2.3%	0.1%	1.0%	23.6%	100.0%		
5,847,252	186,497	4,138	83,029	1,887,950	8,008,866	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Patterson House
307 E Jefferson Street
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
Linsey Smith
217-728-4357

Registered Agent Information
Richard Grader
636 W Imboden Drive
Decatur, IL 62521

Date Questionnaire Completed 2/26/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	3
Total Discharges 2017	5
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 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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	16	16	0	16	11	5		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	16	11	5	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4825	82.6%	0	0	0	0	4825	82.6%	82.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4825	82.6%	0	0	0	0	4825	82.6%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	5	6	0	0	5	6	11

Patterson House
307 E Jefferson Street
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	136
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	1
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	0.00
Other Health Staff	11.00
Non-Health Staff	0.00
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	617,414	0	0	0	617,414	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
Yehuda Hollander

Contact Person and Telephone
Yehuda Hollander
847-244-4100

Registered Agent Information

Date Questionnaire Completed 5/7/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	121
Total Discharges 2017	130
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	2
Mental Illness	3
Developmental Disability	0
Circulatory System	35
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	6
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	92

Total Residents Diagnosed as Mentally Ill 68

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	0	0	112	92	20	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	0	0	112	92	20	112	107

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	17	0.0%	63	0.2%	6	0	6	0	92	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	17	0.0%	63	0.2%	6	0	6	0	92	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	5	7	12
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	8	8	0	0	0	0	0	0	8	8	16
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	7	18	0	0	0	0	0	0	7	18	25
TOTALS	40	52	0	0	0	0	0	0	40	52	92

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	17	63	6	0	6	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	17	63	6	0	6	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	65	0	0	0	65
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	6	0	0	0	6
Non-Hispanic	86	0	0	0	86
Ethnicity Unknown	0	0	0	0	0
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	13.00
LPN's	9.00
Certified Aides	33.00
Other Health Staff	4.00
Non-Health Staff	37.00
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
30.8%	42.4%	3.0%	6.5%	17.3%	100.0%		
2,653,584	3,647,418	257,584	558,269	1,491,667	8,608,522	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pearl Pavilion
900 S Kiwanis Drive
Freeport, IL. 61032

Reference Numbers

Facility ID	6003339	
Health Service Area	001	
Planning Service Area	177	Stephenson
County	177	Stephenson County

Administrator
Jane Kempel

Contact Person and Telephone
Jane Kempel
815-235-6196

Registered Agent Information
Aaron Rokach
4711 Golf Road Suite 200
Skokie, IL 60076

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	56
Total Admissions 2017	151
Total Discharges 2017	149
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	10
Respiratory System	8
Digestive System	4
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	6
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	58

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	109	109	77	109	58	51	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	77	109	58	51	109	109

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3889	9.8%	17501	44.0%	0	737	2005	0	24132	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	3889	9.8%	17501	44.0%	0	737	2005	0	24132	60.7%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	9	7	0	0	0	0	0	0	9	7	16
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	6	12	0	0	0	0	0	0	6	12	18
TOTALS	24	34	0	0	0	0	0	0	24	34	58

Pearl Pavilion
900 S 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	8	45	0	2	3	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	45	0	2	3	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	54	0	0	0	54
Race Unknown	1	0	0	0	1
Total	58	0	0	0	58

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	57	0	0	0	57
Ethnicity Unknown	0	0	0	0	0
Total	58	0	0	0	58

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	7.00
Certified Aides	32.00
Other Health Staff	15.60
Non-Health Staff	5.80
Totals	73.40

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
39.6%	49.5%	0.0%	5.0%	5.9%	100.0%		
2,266,573	2,831,263	0	284,434	338,380	5,720,650	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pekin Manor
1520 El Camino Dr.
Pekin, IL. 61554

Reference Numbers

Facility ID	6011712	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Jason C. Young

Contact Person and Telephone
Jason C. Young
309-353-1099

Registered Agent Information
J. Michael Bibo
285 S. Barnham St.
Galesburg, IL 61401

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	87
Total Admissions 2017	364
Total Discharges 2017	353
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	4
Mental Illness	9
Developmental Disability	0
Circulatory System	10
Respiratory System	10
Digestive System	1
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	12
Other Medical Conditions	7
Non-Medical Conditions	16
TOTALS	98

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	130	130	103	130	98	32	130	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	103	130	98	32	130	130

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7278	15.3%	13980	29.5%	5300	0	8832	0	35390	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	7278	15.3%	13980	29.5%	5300	0	8832	0	35390	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	29	0	0	0	0	0	0	2	29	31
75 to 84	15	32	0	0	0	0	0	0	15	32	47
85+	9	11	0	0	0	0	0	0	9	11	20
TOTALS	26	72	0	0	0	0	0	0	26	72	98

Pekin Manor
1520 El Camino Dr.
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	22	42	0	0	34	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	22	42	0	0	34	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	97	0	0	0	97
Race Unknown	1	0	0	0	1
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	97	0	0	0	97
Ethnicity Unknown	1	0	0	0	1
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	10.00
LPN's	19.00
Certified Aides	70.00
Other Health Staff	9.00
Non-Health Staff	50.00
Totals	160.00

NET REVENUE BY PAYOR 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%	25.0%	9.5%	1.6%	23.3%	100.0%		
3,207,831	1,975,840	752,398	125,229	1,840,054	7,901,352	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pershing Gardens Healthcare Center
3900 S. Oak Park Ave.
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
Richard Taylor

Contact Person and Telephone
Richard Taylor
708-612-2732

Registered Agent Information

Date Questionnaire Completed 5/15/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	69
Total Discharges 2017	67
Residents on 12/31/2017	47

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	3
Mental Illness	5
Developmental Disability	1
Circulatory System	13
Respiratory System	4
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	47

Total Residents Diagnosed as Mentally Ill 5

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	51	51	47	51	47	4	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	47	51	47	4	31	51

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	8	9	0	0	0	0	0	0	8	9	17
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	23	24	0	0	0	0	0	0	23	24	47

Pershing Gardens Healthcare Center
3900 S. Oak Park Ave.
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	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
Nursing Care	211	251
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	27	0	0	0	27
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	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

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	20.00
Other Health Staff	4.00
Non-Health Staff	15.00
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
31.2%	64.1%	0.0%	4.6%	0.0%	100.0%		
3,040,081	6,242,320	0	448,804	0	9,731,205	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 4/4/2019

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 - 2018

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	0	4	4	0		4
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	4	4	0	4	4	0	0	4

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1247	85.4%	0	0	0	0	1247	85.4%	85.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1247	85.4%	0	0	0	0	1247	85.4%	85.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	1	1	0	0	1	1	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	90.4%	0.7%	0.0%	8.9%	100.0%		
0	293,624	2,348	0	28,920	324,892	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 3/19/2019

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 - 2018

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		
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	12	12	12	12	12	0		
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	12	12	12	12	12	0		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4015		0	0	365	0	4380	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4015	0.0%	0	0	365	0	4380	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.08
Director of Nursing	0.00
Registered Nurses	0.62
LPN's	0.36
Certified Aides	10.33
Other Health Staff	4.04
Non-Health Staff	0.22
Totals	16.01

NET REVENUE BY PAYOR SOURCE (Fiscal 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%				
	623,397	0	0	180,969		0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Peterson Park Healthcare Center
6141 N Pulaski Ave
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
Jonathan (Yoni) Dauber

Contact Person and Telephone
Yoni Dauber
773-478-2000

Registered Agent Information
Illinois Corporation Services Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	163
Total Admissions 2017	225
Total Discharges 2017	200
Residents on 12/31/2017	188

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	40
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	1
Circulatory System	98
Respiratory System	23
Digestive System	1
Genitourinary System Disorders	4
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 50

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	196	196	191	196	188	8	196	196
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	196	196	191	196	188	8	196	196

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3031	4.2%	56744	79.3%	999	959	1517	0	63250	88.4%	88.4%
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	3031	4.2%	56744	79.3%	999	959	1517	0	63250	88.4%	88.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	6	0	0	0	0	0	0	6	6	12
60 to 64	7	7	0	0	0	0	0	0	7	7	14
65 to 74	23	22	0	0	0	0	0	0	23	22	45
75 to 84	21	35	0	0	0	0	0	0	21	35	56
85+	14	43	0	0	0	0	0	0	14	43	57
TOTALS	73	115	0	0	0	0	0	0	73	115	188

Peterson Park Healthcare Center
6141 N Pulaski Ave
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	11	166	2	5	4	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	11	166	2	5	4	0	188

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	31	0	0	0	31
American Indian	2	0	0	0	2
Black	36	0	0	0	36
Hawaiian/Pacific Isl.	0	0	0	0	0
White	97	0	0	0	97
Race Unknown	22	0	0	0	22
Total	188	0	0	0	188

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	166	0	0	0	166
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	30.00
LPN's	15.00
Certified Aides	80.00
Other Health Staff	52.00
Non-Health Staff	0.00
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
12.9%	80.0%	1.6%	3.6%	1.9%	100.0%		
1,744,702	10,853,955	220,215	494,526	259,875	13,573,273	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
618-466-9242

Registered Agent Information
CT Corporation
208 South La Salle Suite 814

Date Questionnaire Completed 5/23/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	12
Total Admissions 2017	2
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 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	0	0	0	16		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	0	16	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	6	0	0	7	6	13

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	116	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.25
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	1.00
Totals	11.91

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	515,504	0	0	0	515,504	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 R. Porter

Contact Person and Telephone
Scott R. Porter
217-762-6672

Registered Agent Information
Al Maninit
PO Box 558
Monticello, IL 61856

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	59
Total Discharges 2017	54
Residents on 12/31/2017	83

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	6
Mental Illness	22
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	3
Non-Medical Conditions	1
TOTALS	83

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	100	90	87	90	83	17	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	90	87	90	83	17	100	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1120	3.1%	13077	35.8%	0	430	14846	0	29473	80.7%	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	1120	3.1%	13077	35.8%	0	430	14846	0	29473	80.7%	89.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	17	0	0	0	0	0	0	5	17	22
85+	11	42	0	0	0	0	0	0	11	42	53
TOTALS	20	63	0	0	0	0	0	0	20	63	83

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	0	36	0	3	44	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	0	36	0	3	44	0	83

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	196
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.05
Director of Nursing	1.00
Registered Nurses	9.26
LPN's	11.00
Certified Aides	41.92
Other Health Staff	4.43
Non-Health Staff	6.09
Totals	74.75

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
10.0%	27.9%	0.0%	0.2%	61.8%	100.0%		
572,574	1,589,516	0	13,926	3,524,127	5,700,143	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
215 East Locust St
Harrisburg, IL 62946

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	61
Total Discharges 2017	56
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	11
Developmental Disability	0
Circulatory System	7
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	6
Other Medical Conditions	5
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	60	60	0	60	50	10	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	0	60	50	10	0	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2080	0.0%	9194	42.0%	722	203	5757	0	17956	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	2080	0.0%	9194	42.0%	722	203	5757	0	17956	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	2	0	0	0	0	0	0	5	2	7
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	2	23	0	0	0	0	0	0	2	23	25
TOTALS	14	36	0	0	0	0	0	0	14	36	50

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	24	1	0	21	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	4	24	1	0	21	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	50	0	0	0	50
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	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	5.50
LPN's	7.50
Certified Aides	34.00
Other Health Staff	0.00
Non-Health Staff	220.00
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
33.2%	40.5%	5.4%	0.0%	20.9%	100.0%		
1,075,663	1,309,719	174,407	0	676,130	3,235,919	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pine Acres Rehab and Living Center
1212 S. 2nd 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 4/19/2019

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	112
Total Discharges 2017	120
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	1
Circulatory System	17
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	2
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	119	115	86	115	80	39	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	86	115	80	39	119	119

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4502	10.4%	12202	28.1%	0	35	12976	0	29715	68.4%	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	4502	10.4%	12202	28.1%	0	35	12976	0	29715	68.4%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	8	17	0	0	0	0	0	0	8	17	25
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	18	62	0	0	0	0	0	0	18	62	80

Pine Acres Rehab and Living Center
1212 S. 2nd 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	32	0	0	40	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	32	0	0	40	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	209
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	78	0	0	0	78
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	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	13.50
LPN's	8.00
Certified Aides	42.50
Other Health Staff	
Non-Health Staff	36.50
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
37.0%	39.6%	0.0%	0.1%	23.3%	100.0%		
2,778,578	2,970,770	0	4,303	1,746,365	7,500,016	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pine Crest Health Care
3300 W 175th Street
Hazel Crest, IL. 60429

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 N Wacker Dr, Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	166
Total Admissions 2017	98
Total Discharges 2017	94
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	5
Mental Illness	90
Developmental Disability	0
Circulatory System	31
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	2
TOTALS	170

Total Residents Diagnosed as Mentally Ill 90

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	199	198	180	198	170	29	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	198	180	198	170	29	199	199

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1777	2.4%	53841	74.1%	6014	0	407	0	62039	85.4%	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	1777	2.4%	53841	74.1%	6014	0	407	0	62039	85.4%	85.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	21	16	0	0	0	0	0	0	21	16	37
60 to 64	23	11	0	0	0	0	0	0	23	11	34
65 to 74	41	19	0	0	0	0	0	0	41	19	60
75 to 84	13	13	0	0	0	0	0	0	13	13	26
85+	6	3	0	0	0	0	0	0	6	3	9
TOTALS	106	64	0	0	0	0	0	0	106	64	170

Pine Crest Health Care
3300 W 175th Street
Hazel Crest, IL. 60429

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	4	147	17	0	2	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	4	147	17	0	2	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	112	0	0	0	112
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	9.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	24.00
Certified Aides	45.00
Other Health Staff	10.00
Non-Health Staff	47.00
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
11.5%	77.4%	10.3%	0.0%	0.8%	100.0%		
1,208,273	8,119,087	1,080,307	0	84,380	10,492,047	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pine Terrace
2017 N. Pine Street
Waukegan, IL. 60087

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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Waukegan, IL. 60087

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	83.8%	0.9%	0.0%	15.3%	100.0%		
0	660,466	7,301	0	120,749	788,516	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pinecrest Manor
414 South Wesley Avenue
Mt 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
815-734-4103

Registered Agent Information

Date Questionnaire Completed 3/15/2019

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 - 2018

Residents on 1/1/2017	100
Total Admissions 2017	199
Total Discharges 2017	197
Residents on 12/31/2017	102

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	28
Mental Illness	18
Developmental Disability	0
Circulatory System	21
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	102

Total Residents Diagnosed as Mentally Ill 0

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	125	125	113	125	102	23	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	113	125	102	23	71	139

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2843	11.0%	12657	24.9%	0	763	22362	0	38625	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	2843	11.0%	12657	24.9%	0	763	22362	0	38625	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	20	0	0	0	0	0	0	5	20	25
85+	15	55	0	0	0	0	0	0	15	55	70
TOTALS	24	78	0	0	0	0	0	0	24	78	102

Pinecrest Manor
414 South Wesley Avenue
Mt 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	10	30	0	0	62	0	102
Skilled Under 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	30	0	0	62	0	102

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	297	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	102
Race Unknown	0	0	0	0	0
Total	102	0	0	0	102

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	0	0	0	0	0
Total	102	0	0	0	102

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	9.00
Certified Aides	51.50
Other Health Staff	5.50
Non-Health Staff	73.50
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
22.4%	20.6%	0.0%	4.1%	53.0%	100.0%		
1,991,309	1,833,095	0	366,102	4,718,658	8,909,164	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Piper City Rehab & 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
Kimberly Denault

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	40
Total Admissions 2017	30
Total Discharges 2017	30
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	18
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	40

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	60	60	45	60	40	20	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	45	60	40	20	60	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1240	5.7%	8720	39.8%	0	0	5688	0	15648	71.5%	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	1240	5.7%	8720	39.8%	0	0	5688	0	15648	71.5%	71.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	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	12	0	0	0	0	0	0	6	12	18
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	13	27	0	0	0	0	0	0	13	27	40

Piper City Rehab & 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	2	24	0	0	14	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	2	24	0	0	14	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
Non-Hispanic	39	0	0	0	39
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	0.00
Registered Nurses	2.00
LPN's	5.00
Certified Aides	10.00
Other Health Staff	12.00
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
10.5%	47.7%	0.0%	0.2%	41.5%	100.0%		
234,269	1,060,042	0	5,202	921,974	2,221,487	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 Titus

Contact Person and Telephone
Billye Titus
217-285-5200

Registered Agent Information
J. Michael Bibo
285 S. Farnham Street
Galesburg, IL 61401

Date Questionnaire Completed 4/3/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	162
Total Discharges 2017	160
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	3
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	0
Circulatory System	10
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
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	89	89	60	89	60	29	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	60	89	60	29	89	89

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3204	9.9%	11918	36.7%	44	0	11462	0	26628	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	3204	9.9%	11918	36.7%	44	0	11462	0	26628	82.0%	82.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
75 to 84	5	15	0	0	0	0	0	0	5	15	20
85+	1	31	0	0	0	0	0	0	1	31	32
TOTALS	8	52	0	0	0	0	0	0	8	52	60

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	30	2	0	21	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	7	30	2	0	21	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.51
LPN's	14.60
Certified Aides	36.81
Other Health Staff	7.12
Non-Health Staff	24.75
Totals	86.79

NET REVENUE BY PAYOR 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%	31.2%	0.1%	1.0%	38.0%	100.0%		
1,533,717	1,610,823	5,129	53,272	1,962,700	5,165,641	0	0.0%

*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
Kathy Lientz

Contact Person and Telephone
Kathy Lientz
217-269-2396

Registered Agent Information
Larry Becker
1275 Milwaukee Avenue, Ste. 300
Glenview, IL 60025

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	115
Total Discharges 2017	109
Residents on 12/31/2017	101

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	15
Mental Illness	20
Developmental Disability	0
Circulatory System	29
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	101

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	109	109	108	109	101	8	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	101	8	109	109

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3652	9.2%	21289	53.5%	0	132	11765	0	36838	92.6%	92.6%
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	3652	9.2%	21289	53.5%	0	132	11765	0	36838	92.6%	92.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	7	26	0	0	0	0	0	0	7	26	33
85+	11	45	0	0	0	0	0	0	11	45	56
TOTALS	23	78	0	0	0	0	0	0	23	78	101

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	67	0	2	26	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	67	0	2	26	0	101

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	201	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	6.95
LPN's	10.25
Certified Aides	35.30
Other Health Staff	6.68
Non-Health Staff	32.00
Totals	93.18

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
28.2%	39.6%	0.0%	0.0%	32.2%	100.0%		
2,304,572	3,237,888	0	2,664	2,634,191	8,179,315	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant View Luther Home
505 College Ave.
Ottawa, IL. 61350

Reference Numbers

Facility ID	6007512	
Health Service Area	002	
Planning Service Area	099	LaSalle
County	099	LaSalle County

Administrator
Steven P. Duchene

Contact Person and Telephone
Steven P. Duchene
815-587-1001

Registered Agent Information
Andrew P. Tecson
30 s. Wacker Dr. Suite 2600
Chicago, IL 60606

Date Questionnaire Completed 3/14/2019

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	281
Total Discharges 2017	283
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	5
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	9
Other Medical Conditions	8
Non-Medical Conditions	6
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	0	0	0	71	19	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	0	0	0	71	19	90	24

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4595	14.0%	5796	66.2%	0	1170	15164	0	26725	81.4%	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	4595	14.0%	5796	66.2%	0	1170	15164	0	26725	81.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	14	0	0	0	0	0	0	5	14	19
85+	11	35	0	0	0	0	0	0	11	35	46
TOTALS	18	53	0	0	0	0	0	0	18	53	71

Pleasant View Luther Home
505 College Ave.
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	10	13	0	4	44	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	10	13	0	4	44	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	295	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
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	12.75
LPN's	4.75
Certified Aides	34.00
Other Health Staff	1.00
Non-Health Staff	4.00
Totals	58.50

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
33.7%	8.3%	0.0%	6.4%	51.6%	100.0%		
2,743,014	672,421	0	522,325	4,199,739	8,137,499	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Pleasant View RHCC
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

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/5/2019

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	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	34
Total Admissions 2017	37
Total Discharges 2017	39
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	14
Developmental Disability	2
Circulatory System	9
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 14

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	35	74	32	42	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	35	74	32	42	74	74

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	666	2.5%	10448	38.7%	0	42	907	0	12063	44.7%	44.7%
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	666	2.5%	10448	38.7%	0	42	907	0	12063	44.7%	44.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	4	2	6
65 to 74	5	5	0	0	0	0	0	0	5	5	10
75 to 84	2	4	0	0	0	0	0	0	2	4	6
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	14	18	0	0	0	0	0	0	14	18	32

Pleasant View RHCC
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	2	28	0	0	2	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	2	28	0	0	2	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0.00
Director of Nursing	0.00
Registered Nurses	3.00
LPN's	9.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
1.7%	88.1%	0.0%	0.4%	9.8%	100.0%		
29,421	1,482,098	0	6,228	164,003	1,681,750	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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5802	99.3%	0	0	0	0	5802	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5802	99.3%	0	0	0	0	5802	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	1	0	0	1	1	2
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	
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	

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	79.8%	1.0%	0.0%	19.2%	100.0%		
0	593,342	7,639	0	142,788	743,769	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Plymouth Place
315 North LaGrange 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 LaGrange Road
LaGrange Park, IL 60526

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	505
Total Discharges 2017	510
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	5
Digestive System	4
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	16
Other Medical Conditions	6
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	86	86	76	10	86	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	86	86	86	86	76	10	86	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11472	36.5%	0	0.0%	0	2145	14868	0	28485	90.7%	90.7%
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	11472	36.5%	0	0.0%	0	2145	14868	0	28485	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	12	13	0	0	0	0	0	0	12	13	25
85+	18	27	0	0	0	0	0	0	18	27	45
TOTALS	33	43	0	0	0	0	0	0	33	43	76

Plymouth Place
315 North LaGrange 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	23	0	0	7	46	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	23	0	0	7	46	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	415	349
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	73	0	0	0	73
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	1.00
Registered Nurses	19.00
LPN's	6.00
Certified Aides	35.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
53.4%	0.0%	0.0%	10.1%	36.5%	100.0%		
6,498,595	0	0	1,230,879	4,438,399	12,167,873	246,323	2.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Polk House
6300 North 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
Joseph 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 3/15/2019

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 - 2018

Residents on 1/1/2017	11
Total Admissions 2017	1
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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4268	97.4%	0	0	0	0	4268	97.4%	97.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4268	97.4%	0	0	0	0	4268	97.4%	97.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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 North 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.10
Other Health Staff	3.91
Non-Health Staff	0.22
Totals	13.64

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
0.0%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	631,848	0	0	98,829	730,677	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Polo Rehabilitation & Health Care Center
703 E Buffalo Street
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/5/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	47
Total Discharges 2017	45
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	18
Developmental Disability	0
Circulatory System	6
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	46

Total Residents Diagnosed as Mentally Ill 39

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	48	81	46	35	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	48	81	46	35	81	81

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1351	4.6%	11246	38.0%	0	0	3145	0	15742	53.2%	53.2%
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	1351	4.6%	11246	38.0%	0	0	3145	0	15742	53.2%	53.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	2	2	0	0	0	0	0	0	2	2	4
60 to 64	1	1	0	0	0	0	0	0	1	1	2
65 to 74	4	2	0	0	0	0	0	0	4	2	6
75 to 84	3	8	0	0	0	0	0	0	3	8	11
85+	5	17	0	0	0	0	0	0	5	17	22
TOTALS	15	31	0	0	0	0	0	0	15	31	46

Polo Rehabilitation & Health Care Center
703 E Buffalo Street
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	30	0	1	10	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	5	30	0	1	10	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	45	0	0	0	45
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	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	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	31.00
Non-Health Staff	0.00
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
7.8%	64.9%	0.0%	2.5%	24.8%	100.0%		
185,995	1,554,472	0	60,263	595,160	2,395,890	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
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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5275	90.3%	0	0	0	0	5275	90.3%	90.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5275	90.3%	0	0	0	0	5275	90.3%	90.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	4	0	0	2	4	6
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	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

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	8	0	8
Race Unknown	0	0	3	0	3
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%	77.3%	1.1%	0.0%	21.6%	100.0%		
0	569,929	8,427	0	159,258	737,614	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie City Rehab 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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	28
Total Discharges 2017	38
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	1
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	0
Non-Medical Conditions	0
TOTALS	23

Total Residents Diagnosed as Mentally Ill 10

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	47	47	23	47	23	24	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	23	47	23	24	47	47

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	663	3.9%	8379	48.8%	0	0	1372	0	10414	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	663	3.9%	8379	48.8%	0	0	1372	0	10414	60.7%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	1	0	0	0	0	0	0	4	1	5
75 to 84	4	2	0	0	0	0	0	0	4	2	6
85+	1	3	0	0	0	0	0	0	1	3	4
TOTALS	13	10	0	0	0	0	0	0	13	10	23

Prairie City Rehab 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	20	0	0	3	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	20	0	0	3	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	22	0	0	0	22
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	4.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	2.00
Certified Aides	9.00
Other Health Staff	0.00
Non-Health Staff	9.00
Totals	29.00

NET REVENUE BY PAYOR 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%	75.4%	0.0%	1.3%	14.0%	100.0%		
121,363	976,645	0	16,219	181,810	1,296,037	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairie Crossing Living & Rehab Center
409 W. Comanche St.
Shabbona, IL. 60550

Reference Numbers

Facility ID	6008502	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
CAROLYN MCBRIDE

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 4/29/2019

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 - 2018

Residents on 1/1/2017	46
Total Admissions 2017	61
Total Discharges 2017	49
Residents on 12/31/2017	58

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	58
Non-Medical Conditions	0
TOTALS	58

Total Residents Diagnosed as Mentally Ill 23

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	91	91	65	91	58	33	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	65	91	58	33	91	91

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2753	8.3%	14412	43.4%	0	0	3502	0	20667	62.2%	62.2%
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	2753	8.3%	14412	43.4%	0	0	3502	0	20667	62.2%	62.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	0	6	0	0	0	0	0	0	0	6	6
75 to 84	9	16	0	0	0	0	0	0	9	16	25
85+	2	18	0	0	0	0	0	0	2	18	20
TOTALS	13	45	0	0	0	0	0	0	13	45	58

Prairie Crossing Living & Rehab Center
409 W. Comanche St.
Shabbona, IL. 60550

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	11	35	0	0	12	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	11	35	0	0	12	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	187
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	9.00
LPN's	5.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	31.00
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
27.8%	50.5%	0.0%	0.0%	21.7%	100.0%		
1,054,863	1,917,732	0	0	823,928	3,796,523	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
MaryRose Stucker

Contact Person and Telephone
Darcie Melia
708-754-7601

Registered Agent Information
David Aronin
2201 W Main Street
Evanston, IL 60202

Date Questionnaire Completed 3/4/2019

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 - 2018

Residents on 1/1/2017	135
Total Admissions 2017	237
Total Discharges 2017	240
Residents on 12/31/2017	132

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	13
*Nervous System Non Alzheimer	13
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	0
Circulatory System	24
Respiratory System	31
Digestive System	6
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	0
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	148	148	148	148	132	16	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	132	16	148	148

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8655	16.0%	34886	64.6%	0	1706	3764	0	49011	90.7%	90.7%
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	8655	16.0%	34886	64.6%	0	1706	3764	0	49011	90.7%	90.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	2	0	0	0	0	0	0	0	2	2
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	11	33	0	0	0	0	0	0	11	33	44
85+	10	54	0	0	0	0	0	0	10	54	64
TOTALS	26	106	0	0	0	0	0	0	26	106	132

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	24	96	0	0	12	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	24	96	0	0	12	0	132

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	235
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	60	0	0	0	60
Hawaiian/Pacific Isl.	0	0	0	0	0
White	71	0	0	0	71
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	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	126	0	0	0	126
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	8.00
LPN's	22.00
Certified Aides	39.00
Other Health Staff	15.00
Non-Health Staff	36.00
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
37.9%	49.4%	0.0%	6.4%	6.3%	100.0%		
5,482,266	7,158,274	0	925,223	917,510	14,483,273	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, Suite 200
Skokie, IL 60076

Date Questionnaire Completed 3/29/2019

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 - 2018

Residents on 1/1/2017	118
Total Admissions 2017	103
Total Discharges 2017	103
Residents on 12/31/2017	118

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	2
Developmental Disability	2
Circulatory System	70
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	118

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2707	5.5%	35149	71.3%	0	147	555	0	38558	78.3%	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	2707	5.5%	35149	71.3%	0	147	555	0	38558	78.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	13	13	0	0	0	0	0	0	13	13	26
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	11	44	0	0	0	0	0	0	11	44	55
TOTALS	40	78	0	0	0	0	0	0	40	78	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	6	109	0	1	2	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	6	109	0	1	2	0	118

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	6.00
LPN's	21.00
Certified Aides	32.00
Other Health Staff	3.00
Non-Health Staff	37.00
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
22.4%	74.9%	0.0%	1.2%	1.6%	100.0%		
1,657,154	5,538,290	0	86,718	114,860	7,397,022	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/15/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	61
Total Discharges 2017	66
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	16
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	5
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	56

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	105	105	65	105	56	49	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	65	105	56	49	105	105

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1020	2.7%	17640	46.0%	0	0	2694	0	21354	55.7%	55.7%
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	1020	2.7%	17640	46.0%	0	0	2694	0	21354	55.7%	55.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	3	1	4
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	9	7	0	0	0	0	0	0	9	7	16
85+	5	7	0	0	0	0	0	0	5	7	12
TOTALS	31	25	0	0	0	0	0	0	31	25	56

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	47	0	0	6	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	47	0	0	6	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	52	0	0	0	52
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	3.00
LPN's	9.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
7.4%	79.9%	0.0%	0.3%	12.4%	100.0%		
207,359	2,237,858	0	9,520	346,517	2,801,254	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 3/7/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	68
Total Discharges 2017	68
Residents on 12/31/2017	73

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	41
Non-Medical Conditions	19
TOTALS	73

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	78	126	73	53	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	78	126	73	53	53	126

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3223	16.7%	20369	44.3%	0	0	2675	0	26267	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	3223	16.7%	20369	44.3%	0	0	2675	0	26267	57.1%	57.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	5	0	0	0	0	0	0	3	5	8
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	7	15	0	0	0	0	0	0	7	15	22
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	28	45	0	0	0	0	0	0	28	45	73

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	8	56	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	8	56	0	0	9	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.00
LPN's	12.00
Certified Aides	25.00
Other Health Staff	5.00
Non-Health Staff	30.00
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
33.3%	58.0%	0.0%	0.0%	8.7%	100.0%		
1,664,884	2,900,329	0	0	432,585	4,997,798	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairieview at The Garlands
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 3/4/2019

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 - 2018

Residents on 1/1/2017	12
Total Admissions 2017	105
Total Discharges 2017	104
Residents on 12/31/2017	13

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	1
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	20	0	0	20	13	7	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	0	0	20	13	7	20	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	808	11.1%	0	0.0%	0	296	636	0	1740	23.8%	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	808	11.1%	0	0.0%	0	296	636	0	1740	23.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	0	1	0	1
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	4	9	0	0	0	0	0	0	4	9	13

Prairieview at The Garlands
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	0	0	0	12	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	1	0	0	0	12	0	13

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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
28.8%	0.0%	0.0%	10.0%	61.2%	100.0%		
517,180	0	0	179,428	1,097,600	1,794,208	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Prairieview Lutheran Home
403 N 4th St
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 N 4th St
Danforth, IL 60930

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	87
Total Admissions 2017	81
Total Discharges 2017	83
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	18
Mental Illness	23
Developmental Disability	0
Circulatory System	19
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	2
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	90	90	0	90	85	5	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	0	90	85	5	42	29

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1344	8.8%	4081	38.6%	0	119	23733	0	29277	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	1344	8.8%	4081	38.6%	0	119	23733	0	29277	89.1%	89.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
75 to 84	5	14	0	0	0	0	0	0	5	14	19
85+	9	44	0	0	0	0	0	0	9	44	53
TOTALS	19	66	0	0	0	0	0	0	19	66	85

Prairieview Lutheran Home
403 N 4th St
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	12	0	3	66	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	12	0	3	66	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	216	237
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	14.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	60.00
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
9.1%	8.7%	0.0%	2.7%	79.4%	100.0%		
645,243	614,770	0	190,911	5,608,720	7,059,644	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Cor Mariae Center
3330 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 3/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	301
Total Discharges 2017	313
Residents on 12/31/2017	56

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	4
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	1
Injuries and Poisonings	7
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	56

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	73	73	53	73	46	27	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	18	61	10	51		
TOTAL BEDS	134	134	71	134	56	78	73	20

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	18	0.2%	0	6	12	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	10	0	0	10	0.0%	0.0%
TOTALS	10	0.0%	18	0.2%	0	16	12	0	56	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	0	3	0	0	0	0	2	0	2	3	5
75 to 84	3	6	0	0	0	0	2	1	5	7	12
85+	4	21	0	0	0	0	2	3	6	24	30
TOTALS	10	36	0	0	0	0	6	4	16	40	56

Presence Cor Mariae Center
3330 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	10	18	0	6	12	0	46
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	10	18	0	6	22	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	273
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	145

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	41	0	0	10	51
Race Unknown	0	0	0	0	0
Total	46	0	0	10	56

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	8.40
LPN's	9.90
Certified Aides	13.60
Other Health Staff	2.40
Non-Health Staff	23.10
Totals	59.40

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
40.6%	13.2%	0.0%	12.2%	34.0%	100.0%		
2,757,133	899,133	0	828,226	2,307,720	6,792,212	9,317	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Heritage Village
901 N. Entrance Ave.
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

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 - 2018

Residents on 1/1/2017	55
Total Admissions 2017	329
Total Discharges 2017	348
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	5
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	51	51	40	51	22	29	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	18	36	14	65		
TOTAL BEDS	130	87	58	87	36	94	51	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	0	0.0%	0	5	7	0	22	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	14	0	14	0.0%	0.1%
TOTALS	10	0.1%	0	0.0%	0	5	21	0	36	0.1%	0.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	3	3
75 to 84	2	6	0	0	0	0	3	9	5	15	20
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	7	15	0	0	0	0	3	11	10	26	36

Presence Heritage Village
901 N. Entrance Ave.
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	10	0	0	5	7	0	22
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	14	0	14
TOTALS	10	0	0	5	21	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	279	239
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	234	155

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	20	0	0	14	34
Race Unknown	0	0	0	0	0
Total	22	0	0	14	36

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	22	0	0	14	36
Ethnicity Unknown	0	0	0	0	0
Total	22	0	0	14	36

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	17.00
Other Health Staff	4.00
Non-Health Staff	15.00
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
46.4%	0.0%	0.0%	9.0%	44.7%	100.0%		
2,387,542	0	0	460,941	2,298,220	5,146,703	1,331	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Life Connections Presence McAuley Ma
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
Margie Thompson

Contact Person and Telephone
Michelle Lindeman
815-232-6181

Registered Agent Information
Presence Senior Services Chicagoland,
208 S LaSalle St, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	402
Total Discharges 2017	406
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	3
Other Medical Conditions	6
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	87	45	45	87	37	50	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	45	45	87	37	50	87	14

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4680	14.7%	7431	######	0	2036	3418	0	17565	55.3%	106.9%
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	4680	14.7%	7431	######	0	2036	3418	0	17565	55.3%	106.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	6	4	0	0	0	0	0	0	6	4	10
85+	2	13	0	0	0	0	0	0	2	13	15
TOTALS	15	22	0	0	0	0	0	0	15	22	37

Presence Life Connections Presence McAuley Ma
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	10	16	0	5	6	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	10	16	0	5	6	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	315	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	27	0	0	0	27
Race Unknown	6	0	0	0	6
Total	37	0	0	0	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	33	0	0	0	33
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	12.90
LPN's	0.90
Certified Aides	10.10
Other Health Staff	2.40
Non-Health Staff	14.20
Totals	42.50

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
16.1%	6.9%	0.0%	6.3%	70.7%	100.0%		
2,448,531	1,050,892	0	961,718	10,745,670	15,206,811	1,127	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Nazarethville
300 North 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
CT Corporation System
208 South LaSalle Street Suite 814
CHicago, IL 60604

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	47
Total Discharges 2017	45
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	3
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
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	68	68	68	68	67	1	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	4	15	4	11		
TOTAL BEDS	83	83	72	83	71	12	0	68

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	366	0.0%	14567	58.7%	0	75	8958	0	23966	96.6%	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	1381	0	1381	25.2%	25.2%
TOTALS	366	0.0%	14567	58.7%	0	75	10339	0	25347	83.7%	83.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	3	4
75 to 84	5	11	0	0	0	0	1	0	6	11	17
85+	6	42	0	0	0	0	0	2	6	44	50
TOTALS	12	55	0	0	0	0	1	3	13	58	71

Presence Nazarethville
300 North 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	36	0	0	29	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	4	0	4
TOTALS	2	36	0	0	33	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	65	0	0	4	69
Race Unknown	0	0	0	0	0
Total	67	0	0	4	71

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	67	0	0	4	71
Ethnicity Unknown	0	0	0	0	0
Total	67	0	0	4	71

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.05
Director of Nursing	1.00
Registered Nurses	12.50
LPN's	1.56
Certified Aides	24.80
Other Health Staff	2.00
Non-Health Staff	21.40
Totals	64.31

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
9.5%	35.5%	0.0%	0.0%	55.4%	100.4%		
596,922	2,234,458	0	-24,111	3,480,777	6,288,046	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Our Lady of Victory
20 Briarcliff Lane
Bourbonnias, IL. 60914

Reference Numbers

Facility ID	6007009	
Health Service Area	009	
Planning Service Area	091	Kankakee
County	091	Kankakee County

Administrator
Michael D. Moore

Contact Person and Telephone
Michael D. Moore
815-937-2022

Registered Agent Information
Kathleen Cronin
18927 Hickory Creek Ln.
Mokena, IL 60448

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	82
Total Admissions 2017	113
Total Discharges 2017	117
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	4
Mental Illness	5
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	5
Genitourinary System Disorders	10
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	9
Other Medical Conditions	6
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	107	102	90	102	78	29	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	102	90	102	78	29	55	90

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3368	16.8%	22582	68.7%	0	47	3703	183	29883	76.5%	80.3%
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	3368	16.8%	22582	68.7%	0	47	3703	183	29883	76.5%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
65 to 74	2	11	0	0	0	0	0	0	2	11	13
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	4	27	0	0	0	0	0	0	4	27	31
TOTALS	20	58	0	0	0	0	0	0	20	58	78

Presence Our Lady of Victory
20 Briarcliff Lane
Bourbonnias, 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	7	61	0	0	10	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	61	0	0	10	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	245	236
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	67	0	0	0	67
Race Unknown	2	0	0	0	2
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	76	0	0	0	76
Ethnicity Unknown	1	0	0	0	1
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	12.00
LPN's	14.00
Certified Aides	30.13
Other Health Staff	7.07
Non-Health Staff	18.37
Totals	83.57

NET REVENUE BY PAYOR 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%	52.9%	0.0%	5.3%	14.5%	100.0%		
1,785,908	3,461,489	0	346,253	946,471	6,540,121	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Resurrection Life Center
7370 West 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
773-594-7400

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	152
Total Admissions 2017	729
Total Discharges 2017	728
Residents on 12/31/2017	153

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	8
Alzheimer Disease	23
Mental Illness	0
Developmental Disability	0
Circulatory System	41
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	35
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	153

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	148	9	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	153	9	122	157

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13968	31.4%	24219	42.3%	0	4498	11860	0	54545	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	1825	0	0	1825	100.0%	100.0%
TOTALS	13968	31.4%	24219	42.3%	0	6323	11860	0	56370	95.3%	95.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	17	77	0	0	0	0	1	4	18	81	99
TOTALS	39	109	0	0	0	0	1	4	40	113	153

Presence Resurrection Life Center
7370 West 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	39	53	0	16	39	1	148
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	39	53	0	16	44	1	153

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	225

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	143	0	0	5	148
Race Unknown	0	0	0	0	0
Total	144	0	0	5	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.10
Director of Nursing	2.00
Registered Nurses	30.00
LPN's	4.00
Certified Aides	56.00
Other Health Staff	28.10
Non-Health Staff	42.00
Totals	164.20

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.2%	14.0%	0.0%	8.2%	36.6%	100.0%		
8,963,802	3,050,412	0	1,776,381	7,968,597	21,759,192	4,130	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Resurrection Nursing and Rehab
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 Orzada

Contact Person and Telephone
Lisa Orzada
847-685-2805

Registered Agent Information
CT Corporation System
208 La Salle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	167
Total Admissions 2017	813
Total Discharges 2017	802
Residents on 12/31/2017	178

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	7
Endocrine/Metabolic	0
Blood Disorders	23
*Nervous System Non Alzheimer	21
Alzheimer Disease	14
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	30
Digestive System	8
Genitourinary System Disorders	5
Skin Disorders	5
Musculo-skeletal Disorders	25
Injuries and Poisonings	1
Other Medical Conditions	30
Non-Medical Conditions	0
TOTALS	178

Total Residents Diagnosed as Mentally Ill 15

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	298	240	216	240	178	120	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	178	120	296	232

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5389	5.0%	19710	23.3%	0	2176	5203	0	32478	29.9%	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	5389	5.0%	19710	23.3%	0	2176	5203	0	32478	29.9%	37.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	0	0	0	0	0	0	4	3	7
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	14	16	0	0	0	0	0	0	14	16	30
75 to 84	24	15	0	0	0	0	0	0	24	15	39
85+	61	21	0	0	0	0	0	0	61	21	82
TOTALS	111	67	0	0	0	0	0	0	111	67	178

Presence Resurrection Nursing and Rehab
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	103	0	17	23	4	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	31	103	0	17	23	4	178

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	152	0	0	0	152
Race Unknown	13	0	0	0	13
Total	178	0	0	0	178

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	1	0	0	0	1
Total	178	0	0	0	178

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.50
Physicians	0.00
Director of Nursing	1.90
Registered Nurses	44.00
LPN's	2.10
Certified Aides	51.50
Other Health Staff	4.00
Non-Health Staff	43.70
Totals	149.70

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
41.1%	32.6%	0.0%	10.4%	15.9%	100.0%		
8,365,095	6,622,742	0	2,116,430	3,235,783	20,340,050	234,537	1.2%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Saint 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
Kristen Felker

Contact Person and Telephone
Kristen Felker
847-647-0003

Registered Agent Information
CT Corporation System
208 South LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	347
Total Discharges 2017	343
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	11
Blood Disorders	6
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	0
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	99	0	0	98	85	14	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	85	14	99	19

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7675	21.2%	5781	83.4%	0	2039	13548	196	29239	80.9%	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	7675	21.2%	5781	83.4%	0	2039	13548	196	29239	80.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	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	10	9	0	0	0	0	0	0	10	9	19
85+	9	38	0	0	0	0	0	0	9	38	47
TOTALS	29	56	0	0	0	0	0	0	29	56	85

Presence Saint 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	14	0	7	37	2	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	25	14	0	7	37	2	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3	0	0	0	3
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	16.10
LPN's	3.30
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	24.00
Totals	81.40

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
41.2%	8.2%	0.0%	8.3%	42.3%	100.0%		
4,968,544	990,140	0	1,000,289	5,096,178	12,055,151	47,631	0.4%

*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
Presence Senior Services-Chicagoland,
208 LaSalle St, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	333
Total Discharges 2017	342
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	16
Developmental Disability	0
Circulatory System	23
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	86

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	124	124	99	124	86	38	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	99	124	86	38	120	94

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3900	8.9%	18932	55.2%	0	2276	10634	0	35742	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	3900	8.9%	18932	55.2%	0	2276	10634	0	35742	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	1	7	8
75 to 84	5	20	0	0	0	0	0	0	5	20	25
85+	6	45	0	0	0	0	0	0	6	45	51
TOTALS	12	74	0	0	0	0	0	0	12	74	86

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	4	50	0	5	27	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	4	50	0	5	27	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	234	217
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	5.70
LPN's	11.40
Certified Aides	30.80
Other Health Staff	4.60
Non-Health Staff	25.20
Totals	79.70

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
26.0%	29.4%	0.0%	12.5%	32.2%	100.0%		
2,073,703	2,346,960	0	1,000,552	2,569,048	7,990,263	73	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Saints Mary & Elizabeth Medical Center
1431 North Claremont Avenue
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
Mary von Goeben

Contact Person and Telephone
Mary von Goeben
312-491-7261

Registered Agent Information
CT Corporation System
208 S LaSalle St, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/30/2019

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 - 2018

Residents on 1/1/2017	23
Total Admissions 2017	420
Total Discharges 2017	425
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	5
Other Medical Conditions	3
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	28	0	0	28	18	10	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	28	18	10	28	28

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5438	53.2%	209	2.0%	61	1763	41	1	7513	73.5%	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	5438	53.2%	209	2.0%	61	1763	41	1	7513	73.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	0	0	0	0	0	0	4	0	4
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	0	3	0	0	0	0	0	0	0	3	3
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	9	9	0	0	0	0	0	0	9	9	18

Presence Saints Mary & Elizabeth Medical Center
1431 North Claremont Avenue
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	0	0	3	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	14	0	0	3	0	1	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	5	0	0	0	5
Race Unknown	9	0	0	0	9
Total	18	0	0	0	18

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	8	0	0	0	8
Ethnicity Unknown	0	0	0	0	0
Total	18	0	0	0	18

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.30
Director of Nursing	1.00
Registered Nurses	11.60
LPN's	1.00
Certified Aides	12.60
Other Health Staff	9.00
Non-Health Staff	1.00
Totals	37.50

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
84.9%	2.5%	0.0%	12.5%	0.0%	100.0%		
3,696,964	108,126	0	545,515	1,466	4,352,071	32,207	0.7%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Presence Villa Franciscan
210 N. Springfield
Joliet, IL. 60435

Reference Numbers

Facility ID	6012678	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Elliot Triplett

Contact Person and Telephone
Elliot Triplett
815-715-3400

Registered Agent Information
Kathleen Cronin
18929 Hickory Creek Drive, Suite 300
Mokena, IL 60448

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	121
Total Admissions 2017	930
Total Discharges 2017	953
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	34
Respiratory System	15
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	5
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	98

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	154	154	125	154	98	56	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	125	154	98	56	154	38

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19152	34.1%	13187	95.1%	0	949	3353	827	37468	66.7%	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	19152	34.1%	13187	95.1%	0	949	3353	827	37468	66.7%	66.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	12	11	0	0	0	0	0	0	12	11	23
75 to 84	7	22	0	0	0	0	0	0	7	22	29
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	29	69	0	0	0	0	0	0	29	69	98

Presence Villa Franciscan
210 N. Springfield
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	34	0	1	9	2	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	52	34	0	1	9	2	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	284
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	80	0	0	0	80
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	6	0	0	0	6
Non-Hispanic	92	0	0	0	92
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	29.70
LPN's	3.59
Certified Aides	30.40
Other Health Staff	29.80
Non-Health Staff	32.70
Totals	128.19

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
		0.0%					
7,139,046	2,030,060		2,509,864	1,719,280		41,871	

*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
Daryce Fields

Contact Person and Telephone
Daryce Fields
708-562-5701

Registered Agent Information
CT Corporation System
208 South Lasalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/20/2019

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 - 2018

Residents on 1/1/2017	175
Total Admissions 2017	538
Total Discharges 2017	534
Residents on 12/31/2017	179

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	39
Mental Illness	53
Developmental Disability	0
Circulatory System	36
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	179

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	0	224	179	45	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	224	0	0	224	179	45	201	199

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10950	14.9%	43800	60.3%	0	2555	16060	0	73365	89.7%	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	10950	14.9%	43800	60.3%	0	2555	16060	0	73365	89.7%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	0	0	0	0	0	0	1	1	2
60 to 64	4	5	0	0	0	0	0	0	4	5	9
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	12	36	0	0	0	0	0	0	12	36	48
85+	14	85	0	0	0	0	0	0	14	85	99
TOTALS	42	137	0	0	0	0	0	0	42	137	179

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	111	0	1	36	7	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	24	111	0	1	36	7	179

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	25	0	0	0	25
Hawaiian/Pacific Isl.	0	0	0	0	0
White	139	0	0	0	139
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	12	0	0	0	12
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.70
Director of Nursing	1.00
Registered Nurses	41.20
LPN's	3.30
Certified Aides	60.10
Other Health Staff	6.00
Non-Health Staff	40.30
Totals	153.60

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%	41.5%	0.0%	6.0%	25.0%	100.0%		
5,017,722	7,550,495	0	1,088,084	4,550,203	18,206,504	801,501	4.4%

*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 Rehabilitation & 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 Ave Suite 102
Chicago, IL 60646

Date Questionnaire Completed 4/12/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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 - 2018

Residents on 1/1/2017	170
Total Admissions 2017	179
Total Discharges 2017	180
Residents on 12/31/2017	169

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	44
Developmental Disability	0
Circulatory System	34
Respiratory System	20
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	28
Non-Medical Conditions	0
TOTALS	169

Total Residents Diagnosed as Mentally Ill 44

Total Residents Reported as Identified Offenders 47

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	178	0	169	56	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	178	0	169	56	225	225

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1245	1.5%	60076	73.2%	767	341	10	275	62714	76.4%	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	1245	1.5%	60076	73.2%	767	341	10	275	62714	76.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	16	4	20
45 to 59	40	8	0	0	0	0	0	0	40	8	48
60 to 64	32	8	0	0	0	0	0	0	32	8	40
65 to 74	27	5	0	0	0	0	0	0	27	5	32
75 to 84	9	2	0	0	0	0	0	0	9	2	11
85+	8	10	0	0	0	0	0	0	8	10	18
TOTALS	132	37	0	0	0	0	0	0	132	37	169

Princeton Rehabilitation & 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	5	162	2	0	0	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	5	162	2	0	0	0	169

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	17	0	0	0	17
Race Unknown	25	0	0	0	25
Total	165	0	0	0	165

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	4	0	0	0	4

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.84
LPN's	17.79
Certified Aides	38.80
Other Health Staff	15.28
Non-Health Staff	33.89
Totals	113.60

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
6.8%	90.0%	1.6%	1.3%	0.3%	100.0%		
685,644	9,060,381	163,909	129,033	26,550	10,065,517	56,518	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 3/15/2019

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 - 2018

Residents on 1/1/2017	91
Total Admissions 2017	455
Total Discharges 2017	478
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	2
Mental Illness	19
Developmental Disability	0
Circulatory System	17
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	68

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	145	102	102	102	68	77	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	102	102	102	68	77	145	46

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8502	16.1%	10743	64.0%	0	2457	6897	0	28599	54.0%	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	8502	16.1%	10743	64.0%	0	2457	6897	0	28599	54.0%	76.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	0	0	0	0	0	0	0	3	0	3
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	6	15	0	0	0	0	0	0	6	15	21
85+	5	23	0	0	0	0	0	0	5	23	28
TOTALS	23	45	0	0	0	0	0	0	23	45	68

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	26	0	6	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	15	26	0	6	21	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	380	310
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	0	0	0	1
Total	68	0	0	0	68

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	67	0	0	0	67
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	15.00
LPN's	5.00
Certified Aides	22.00
Other Health Staff	3.00
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
50.3%	18.0%	0.0%	12.3%	19.5%	100.0%		
5,099,198	1,821,452	0	1,242,475	1,977,211	10,140,336	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Providence Palos Heights
13259 S Central Ave
Palos Heights, IL. 60418

Reference Numbers

Facility ID	6007843	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Brad Fierce

Contact Person and Telephone
Brad Fierce
708-597-1000

Registered Agent Information
BILL DEYOUNG
18601 NORTH CREEK DRIVE
Tinley Park, IL 60477

Date Questionnaire Completed 5/23/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	150
Total Admissions 2017	906
Total Discharges 2017	908
Residents on 12/31/2017	148

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	45
Developmental Disability	0
Circulatory System	29
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	5
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	148

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	193	185	174	185	148	45	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	185	174	185	148	45	145	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	19783	37.4%	23240	65.0%	0	4918	7839	0	55780	79.2%	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	19783	37.4%	23240	65.0%	0	4918	7839	0	55780	79.2%	82.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	15	10	0	0	0	0	0	0	15	10	25
75 to 84	18	25	0	0	0	0	0	0	18	25	43
85+	13	58	0	0	0	0	0	0	13	58	71
TOTALS	50	98	0	0	0	0	0	0	50	98	148

Providence Palos Heights
13259 S Central Ave
Palos Heights, IL. 60418

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	52	68	0	10	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	52	68	0	10	18	0	148

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	135	0	0	0	135
Race Unknown	0	0	0	0	0
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	145	0	0	0	145
Ethnicity Unknown	0	0	0	0	0
Total	148	0	0	0	148

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	39.00
LPN's	3.80
Certified Aides	67.40
Other Health Staff	0.00
Non-Health Staff	34.00
Totals	146.20

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
57.2%	20.1%	0.0%	12.8%	9.9%	100.0%		
11,893,812	4,174,476	0	2,668,902	2,054,586	20,791,776	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5821	99.7%	0	0	0	0	5821	99.7%	99.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5821	99.7%	0	0	0	0	5821	99.7%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	84.9%	2.2%	0.0%	12.9%	100.0%		
0	633,375	16,483	0	96,160	746,018	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 x269

Registered Agent Information
Jeffrey Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/14/2019

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 - 2018

Residents on 1/1/2017	14
Total Admissions 2017	1
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 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	15	15	0		15
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	15	15	15	0	0	15

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5420	99.0%	0	0	0	0	5420	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5420	99.0%	0	0	0	0	5420	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	3	1	4
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	6	0	0	9	6	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	121	121
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.50
LPN's	0.00
Certified Aides	6.50
Other Health Staff	1.00
Non-Health Staff	0.00
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%	18.2%	77.5%	0.0%	4.3%	100.0%		
0	113,212	481,654	0	26,841	621,707	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 4/19/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	631
Total Discharges 2017	619
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	9
Mental Illness	6
Developmental Disability	0
Circulatory System	12
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	14
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	79

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	84	84	84	84	79	5	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	84	84	79	5	84	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13704	44.7%	1675	57.4%	0	1038	11130	0	27547	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	13704	44.7%	1675	57.4%	0	1038	11130	0	27547	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	1	2	3
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	14	45	0	0	0	0	0	0	14	45	59
TOTALS	23	56	0	0	0	0	0	0	23	56	79

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	34	4	0	4	37	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	34	4	0	4	37	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	3.00
Director of Nursing	2.00
Registered Nurses	20.69
LPN's	12.38
Certified Aides	43.48
Other Health Staff	2.68
Non-Health Staff	15.68
Totals	100.91

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
58.0%	2.2%	0.0%	5.1%	34.8%	100.0%		
7,823,191	290,058	0	685,395	4,690,760	13,489,404	41,320	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Randolph County Care Center
312 West Belmont 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
618-443-4351

Registered Agent Information
Randolph County Board of Commissione
#1 Taylor St.

Date Questionnaire Completed 3/4/2019

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	61
Total Discharges 2017	67
Residents on 12/31/2017	61

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	0
Circulatory System	25
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	15
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	0	0	78	61	39	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	0	0	78	61	39	26	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1965	20.7%	8866	24.3%	0	0	12493	0	23324	63.9%	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	1965	20.7%	8866	24.3%	0	0	12493	0	23324	63.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	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+	10	29	0	0	0	0	0	0	10	29	39
TOTALS	19	42	0	0	0	0	0	0	19	42	61

Randolph County Care Center
312 West Belmont 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	2	28	0	0	31	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	28	0	0	31	0	61

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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
23.2%	35.1%	0.0%	2.7%	38.9%	100.0%		
941,379	1,423,225	0	110,072	1,576,341	4,051,017	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
Venis Neal

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2159	98.6%	0	0	0	0	2159	98.6%	98.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2159	98.6%	0	0	0	0	2159	98.6%	98.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	1	1	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	86.4%	0.4%	0.0%	13.1%	100.0%		
0	406,405	2,107	0	61,760	470,272	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Red Bud Regional Care
350 W. South 1st 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 3/19/2019

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 - 2018

Residents on 1/1/2017	79
Total Admissions 2017	60
Total Discharges 2017	66
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	35
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	2
Circulatory System	16
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	5
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	73

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	115	108	0	108	73	42	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	0	108	73	42	115	115

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	5.5%	15274	36.4%	0	0	10927	0	28509	67.9%	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	2308	5.5%	15274	36.4%	0	0	10927	0	28509	67.9%	72.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	18	0	0	0	0	0	0	9	18	27
85+	8	24	0	0	0	0	0	0	8	24	32
TOTALS	24	49	0	0	0	0	0	0	24	49	73

Red Bud Regional Care
350 W. South 1st 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	5	39	0	0	29	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	5	39	0	0	29	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	211	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	8.20
LPN's	12.60
Certified Aides	27.90
Other Health Staff	7.40
Non-Health Staff	11.00
Totals	69.10

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
21.4%	45.3%	0.0%	3.6%	29.7%	100.0%		
1,043,153	2,209,529	0	173,533	1,448,994	4,875,209	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Regency Care
2120 W Washington
Springfield, IL. 62702

Reference Numbers

Facility ID	6008239	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Shana Lister

Contact Person and Telephone
Shana Lister
217-793-4880

Registered Agent Information

Date Questionnaire Completed 4/17/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	179
Total Discharges 2017	190
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	3
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	55
Non-Medical Conditions	0
TOTALS	62

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	99	92	62	92	62	37	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	92	62	92	62	37	99	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	8.9%	2490	85.3%	0	0	18836	0	24539	67.9%	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	3213	8.9%	2490	85.3%	0	0	18836	0	24539	67.9%	73.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	9	0	0	0	0	0	0	5	9	14
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	18	44	0	0	0	0	0	0	18	44	62

Regency Care
2120 W 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	0	45	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	10	7	0	0	45	0	62

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	288	199
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	60	0	0	0	60
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	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	19.00
Certified Aides	47.00
Other Health Staff	0.00
Non-Health Staff	22.00
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
31.1%	5.3%	0.0%	0.0%	63.6%	100.0%		
2,136,149	363,586	0	0	4,367,352	6,867,087	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
Christopher Rayburn

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 5/29/2019

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 - 2018

Residents on 1/1/2017	61
Total Admissions 2017	174
Total Discharges 2017	165
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	3
*Nervous System Non Alzheimer	4
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	12
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	123	123	92	123	70	53	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	92	123	70	53	123	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3350	7.5%	9091	25.2%	2024	329	8833	0	23627	52.6%	52.6%
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	3350	7.5%	9091	25.2%	2024	329	8833	0	23627	52.6%	52.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	6	0	0	0	0	0	0	6	6	12
60 to 64	3	3	0	0	0	0	0	0	3	3	6
65 to 74	5	6	0	0	0	0	0	0	5	6	11
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	6	19	0	0	0	0	0	0	6	19	25
TOTALS	27	43	0	0	0	0	0	0	27	43	70

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	14	36	13	1	6	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	14	36	13	1	6	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	255	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	68	0	0	0	68
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	3	0	0	0	3
Non-Hispanic	67	0	0	0	67
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	7.00
LPN's	12.00
Certified Aides	28.00
Other Health Staff	2.00
Non-Health Staff	18.00
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
34.0%	32.1%	3.3%	0.0%	30.6%	100.0%		
2,017,901	1,904,119	195,213	996	1,816,655	5,934,884	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
Katheryn May

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 5/30/2019

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	292
Total Discharges 2017	306
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	9
Digestive System	7
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
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	130	130	100	130	69	61	130	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	100	130	69	61	130	130

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5213	11.0%	9204	19.4%	1952	352	10913	0	27634	58.2%	58.2%
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	5213	11.0%	9204	19.4%	1952	352	10913	0	27634	58.2%	58.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	8	0	0	0	0	0	0	4	8	12
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	18	51	0	0	0	0	0	0	18	51	69

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	10	33	13	0	13	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	10	33	13	0	13	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	278	176
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	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	5.00
LPN's	17.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	24.00
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
40.8%	26.4%	3.0%	0.0%	29.8%	100.0%		
2,767,209	1,786,377	204,295	0	2,019,425	6,777,306	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 3/5/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	76
Total Admissions 2017	112
Total Discharges 2017	128
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	1
Mental Illness	12
Developmental Disability	0
Circulatory System	9
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	60

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	120	79	76	79	60	60	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	79	76	79	60	60	120	120

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3178	7.3%	18894	43.1%	0	1252	1105	0	24429	55.8%	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	3178	7.3%	18894	43.1%	0	1252	1105	0	24429	55.8%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	1	1	1	1	2
45 to 59	0	0	0	0	0	0	1	4	1	4	5
60 to 64	0	0	0	0	0	0	4	1	4	1	5
65 to 74	0	0	0	0	0	0	5	8	5	8	13
75 to 84	0	0	0	0	0	0	4	11	4	11	15
85+	0	0	0	0	0	0	4	16	4	16	20
TOTALS	0	0	0	0	0	0	19	41	19	41	60

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	8	48	0	3	1	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	8	48	0	3	1	0	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	222	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	17.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	17.00
Non-Health Staff	23.00
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
21.0%	56.0%	0.0%	17.8%	5.2%	100.0%		
877,189	2,339,533	0	741,218	216,996	4,174,936	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Renaissance Care Center
1675 East Ash
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 3/1/2019

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 - 2018

Residents on 1/1/2017	7
Total Admissions 2017	0
Total Discharges 2017	0
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	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 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	70	70	66	70	63	7		70
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	70	70	66	70	63	7	0	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			23209	90.8%	0	0	89	0	23298	91.2%	91.2%
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%	23209	90.8%	0	0	89	0	23298	91.2%	91.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	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	4	0	0	0	0	4	4	8
18 to 44	0	0	17	17	0	0	0	0	17	17	34
45 to 59	0	0	5	6	0	0	0	0	5	6	11
60 to 64	0	0	2	1	0	0	0	0	2	1	3
65 to 74	0	0	5	2	0	0	0	0	5	2	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	33	30	0	0	0	0	33	30	63

Renaissance Care Center
1675 East Ash
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	27	0	0	27
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	35	0	0	35
Race Unknown	0	0	0	0	0
Total	0	63	0	0	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	1	0	0	1
Non-Hispanic	0	62	0	0	62
Ethnicity Unknown	0	0	0	0	0
Total	0	63	0	0	63

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	48.00
Other Health Staff	19.00
Non-Health Staff	23.00
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
0.0%	91.2%	0.0%	8.8%	0.0%	100.0%		
0	3,897,623	0	376,883	0	4,274,506	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rest Haven Manor
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 Harris

Contact Person and Telephone
Jane Harris
618-445-2815

Registered Agent Information
Roscoe D Cunningham
PO Box 511
Lawrenceville, IL 62439

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	23
Total Admissions 2017	10
Total Discharges 2017	15
Residents on 12/31/2017	18

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
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	39	39	22	39	18	21	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	22	39	18	21	0	39

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1806	12.7%	0	0	4789	0	6595	46.3%	46.3%
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%	1806	12.7%	0	0	4789	0	6595	46.3%	46.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	1	5	6
85+	4	7	0	0	0	0	0	0	4	7	11
TOTALS	6	12	0	0	0	0	0	0	6	12	18

Rest Haven Manor
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	3	0	0	15	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	0	3	0	0	15	0	18

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Registered Nurses	4.00
LPN's	2.00
Certified Aides	8.00
Other Health Staff	2.00
Non-Health Staff	4.00
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
0.0%	21.5%	0.0%	0.0%	78.5%	100.0%		
0	214,323	0	0	781,257	995,580	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
Jill R. Smith
408 Maple Avenue
Morrison, IL 61270

Date Questionnaire Completed 4/14/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	67
Total Discharges 2017	61
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	22
Alzheimer Disease	7
Mental Illness	0
Developmental Disability	1
Circulatory System	17
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	3
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	70	70	66	70	66	4	70	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	70	70	66	70	66	4	70	35

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1626	6.4%	10908	85.4%	0	61	9610	0	22205	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	1626	6.4%	10908	85.4%	0	61	9610	0	22205	86.9%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	8	0	0	0	0	0	0	7	8	15
85+	16	31	0	0	0	0	0	0	16	31	47
TOTALS	26	40	0	0	0	0	0	0	26	40	66

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	35	0	0	27	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	35	0	0	27	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	66
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	5.80
LPN's	10.40
Certified Aides	24.00
Other Health Staff	21.30
Non-Health Staff	16.00
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
17.5%	33.8%	0.0%	0.5%	48.1%	100.0%		
717,620	1,386,448	0	22,182	1,970,615	4,096,865	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rice House
6300 North 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 3/15/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4349	99.3%	0	0	0	0	4349	99.3%	99.3%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4349	99.3%	0	0	0	0	4349	99.3%	99.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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 North 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	13.34
Other Health Staff	4.23
Non-Health Staff	0.22
Totals	18.20

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%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	660,680	0	0	103,339	764,019	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
Katherine 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 4/4/2019

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 - 2018

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 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	0	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	15	1	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5703	97.7%	0	0	0	0	5703	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5703	97.7%	0	0	0	0	5703	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	4	0	0	2	4	6
60 to 64	0	0	0	0	1	2	0	0	1	2	3
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	9	0	0	6	9	15

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	135	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	79.0%	0.3%	0.0%	20.7%	100.0%		
0	568,304	2,107	0	148,668	719,079	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 Beth Griesemer
6080 State Route 250
Sumner, IL 62466

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	42
Total Discharges 2017	42
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	15
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	6
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	8
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	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	55	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	55	55	52	3	10	50

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	48.0%	8444	46.3%	0	379	7950	0	18526	92.3%	92.3%
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	48.0%	8444	46.3%	0	379	7950	0	18526	92.3%	92.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	0	0	0	0	0	0	3	9	12
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	9	43	0	0	0	0	0	0	9	43	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	4	21	0	0	27	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	4	21	0	0	27	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	51	0	0	0	51
Race Unknown	1	0	0	0	1
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	1	0	0	0	1
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	4.10
LPN's	3.90
Certified Aides	21.10
Other Health Staff	1.80
Non-Health Staff	21.70
Totals	54.60

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
23.6%	26.2%	0.0%	8.1%	42.1%	100.0%		
860,510	957,445	0	297,364	1,536,995	3,652,314	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Ridgeview Rehab & 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 Stern
191 North Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/24/2019

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 - 2018

Residents on 1/1/2017	112
Total Admissions 2017	193
Total Discharges 2017	190
Residents on 12/31/2017	115

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	45
Blood Disorders	20
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	110
Developmental Disability	0
Circulatory System	59
Respiratory System	39
Digestive System	18
Genitourinary System Disorders	21
Skin Disorders	10
Musculo-skeletal Disorders	27
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	366

Total Residents Diagnosed as Mentally Ill 110

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	136	136	136	136	115	21	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	115	21	110	136

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3730	9.3%	34821	70.1%	1103	0	365	0	40019	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	0	0	0	0.0%	0.0%
TOTALS	3730	9.3%	34821	70.1%	1103	0	365	0	40019	80.6%	80.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	25	0	0	0	0	0	0	13	25	38
60 to 64	6	18	0	0	0	0	0	0	6	18	24
65 to 74	13	18	0	0	0	0	0	0	13	18	31
75 to 84	6	5	0	0	0	0	0	0	6	5	11
85+	4	0	0	0	0	0	0	0	4	0	4
TOTALS	46	69	0	0	0	0	0	0	46	69	115

Ridgeview Rehab & 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	7	104	0	3	1	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	104	0	3	1	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	64	0	0	0	64
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	6	0	0	0	6
Ethnicity Unknown	1	0	0	0	1
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	5.00
LPN's	15.00
Certified Aides	26.00
Other Health Staff	1.00
Non-Health Staff	40.00
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
22.2%	73.0%	3.0%	0.0%	1.7%	100.0%		
1,622,801	5,330,185	221,769	0	126,478	7,301,233	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
Cyndi 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 4/4/2019

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 - 2018

Residents on 1/1/2017	4
Total Admissions 2017	1
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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1273	87.2%	0	0	0	0	1273	87.2%	87.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1273	87.2%	0	0	0	0	1273	87.2%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	94.1%	0.0%	0.0%	5.9%	100.0%		
0	313,323	0	0	19,544	332,867	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 3/20/2019

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 - 2018

Residents on 1/1/2017	166
Total Admissions 2017	89
Total Discharges 2017	73
Residents on 12/31/2017	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	16
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	70
Developmental Disability	2
Circulatory System	35
Respiratory System	22
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	182

Total Residents Diagnosed as Mentally Ill 86

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	182	203	178	25	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	182	203	178	25	203	203

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3638	4.9%	61150	82.5%	0	221	724	0	65733	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	0	0	0	0.0%	0.0%
TOTALS	3638	4.9%	61150	82.5%	0	221	724	0	65733	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	37	27	0	0	0	0	0	0	37	27	64
60 to 64	22	17	0	0	0	0	0	0	22	17	39
65 to 74	26	22	0	0	0	0	0	0	26	22	48
75 to 84	12	9	0	0	0	0	0	0	12	9	21
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	101	81	0	0	0	0	0	0	101	81	182

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	164	8	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	8	164	8	0	2	0	182

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	17	0	0	0	17
Hawaiian/Pacific Isl.	158	0	0	0	158
White	0	0	0	0	0
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	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	16.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	7.00
Certified Aides	50.00
Other Health Staff	56.00
Non-Health Staff	0.00
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
22.5%	74.5%	0.0%	0.6%	2.4%	100.0%		
2,515,928	8,329,843	0	68,902	269,500	11,184,173	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

Registered Agent Information
Deborah Rogers
927 Shoreline Road
Lake Barrington, IL 60010

Date Questionnaire Completed 11/30/2017

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	0
Total Discharges 2017	7
Residents on 12/31/2017	88

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	87
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	87

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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	97	97	88	97	88	9		97
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	97	97	88	97	88	9	0	97

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			32957	93.1%	0	0	0	0	32957	93.1%	93.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32957	93.1%	0	0	0	0	32957	93.1%	93.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	17	0	0	7	17	24
45 to 59	0	0	0	0	11	18	0	0	11	18	29
60 to 64	0	0	0	0	2	9	0	0	2	9	11
65 to 74	0	0	0	0	10	7	0	0	10	7	17
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	34	54	0	0	34	54	88

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	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		87	0	0	0	0	87
Sheltered Care			0	0	0	0	0
TOTALS	0	87	0	0	0	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	0	76	0	76
Race Unknown	0	0	0	0	0
Total	0	0	87	0	87

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	3	0	3
Non-Hispanic	0	0	84	0	84
Ethnicity Unknown	0	0	0	0	0
Total	0	0	87	0	87

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.65
LPN's	1.50
Certified Aides	51.06
Other Health Staff	
Non-Health Staff	32.75
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%	79.3%	0.0%	0.0%	20.7%	100.0%		
0	3,649,728	0	0	949,989	4,599,717	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Robings Manor RHC
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
Susan Shaw

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	50
Total Discharges 2017	47
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	15
Mental Illness	10
Developmental Disability	1
Circulatory System	12
Respiratory System	1
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	1
TOTALS	57

Total Residents Diagnosed as Mentally Ill 36

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	75	75	61	75	57	18	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	61	75	57	18	32	75

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	800	6.8%	17044	62.3%	0	91	2666	0	20601	75.3%	75.3%
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	800	6.8%	17044	62.3%	0	91	2666	0	20601	75.3%	75.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	3	7	0	0	0	0	0	0	3	7	10
75 to 84	4	12	0	0	0	0	0	0	4	12	16
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	20	37	0	0	0	0	0	0	20	37	57

Robings Manor RHC
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	1	49	0	0	7	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	1	49	0	0	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	48	0	0	0	48
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	4.00
LPN's	3.00
Certified Aides	18.00
Other Health Staff	5.00
Non-Health Staff	21.00
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
6.8%	74.1%	0.0%	0.7%	18.4%	100.0%		
188,855	2,047,372	0	19,472	508,378	2,764,077	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rochelle Gardens Care Center
1021 Caron Road
Rochelle, IL. 61068

Reference Numbers

Facility ID	6008098	
Health Service Area	001	
Planning Service Area	141	Ogle
County	141	Ogle County

Administrator
Erica Sprenger

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/7/2019

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	50
Total Discharges 2017	48
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	56
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	56

Total Residents Diagnosed as Mentally Ill 56

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	225	0.0%	20402	75.5%	0	0	222	0	20849	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	225	0.0%	20402	75.5%	0	0	222	0	20849	77.2%	77.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	11	11	0	0	0	0	0	0	11	11	22
60 to 64	4	7	0	0	0	0	0	0	4	7	11
65 to 74	4	5	0	0	0	0	0	0	4	5	9
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	26	30	0	0	0	0	0	0	26	30	56

Rochelle Gardens Care Center
1021 Caron Road
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	0	56	0	0	0	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	0	56	0	0	0	0	56

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	48	0	0	0	48
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	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	0.00
LPN's	3.00
Certified Aides	17.00
Other Health Staff	12.00
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
19.6%	79.7%	0.0%	0.2%	0.6%	100.0%		
459,427	1,867,875	0	4,638	13,159	2,345,099	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 3/21/2019

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 - 2018

Residents on 1/1/2017	39
Total Admissions 2017	37
Total Discharges 2017	36
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	18
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	1
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	40

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	50	50	40	50	40	10	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	40	50	40	10	50	50

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1115	6.1%	8671	47.5%	0	18	2625	0	12429	68.1%	68.1%
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	1115	6.1%	8671	47.5%	0	18	2625	0	12429	68.1%	68.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	1	0	0	0	0	0	0	1	1	2
65 to 74	2	3	0	0	0	0	0	0	2	3	5
75 to 84	9	9	0	0	0	0	0	0	9	9	18
85+	2	7	0	0	0	0	0	0	2	7	9
TOTALS	19	21	0	0	0	0	0	0	19	21	40

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	8	26	0	0	6	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	8	26	0	0	6	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	38	0	0	0	38
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	5.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	12.00
Totals	37.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
9.0%	69.6%	0.0%	3.0%	18.4%	100.0%		
167,476	1,299,238	0	56,338	342,620	1,865,672	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock Falls Rehabilitation & HCC
430 Martin Rd
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	24
Total Admissions 2017	34
Total Discharges 2017	34
Residents on 12/31/2017	24

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	2
Mental Illness	2
Developmental Disability	0
Circulatory System	5
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	24

Total Residents Diagnosed as Mentally Ill 15

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	30	48	24	33	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	30	48	24	33	0	57

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	782	0.0%	8154	39.2%	0	0	640	0	9576	46.0%	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	782	0.0%	8154	39.2%	0	0	640	0	9576	46.0%	46.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	1	2	0	0	0	0	0	0	1	2	3
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	10	14	0	0	0	0	0	0	10	14	24

Rock Falls Rehabilitation & HCC
430 Martin Rd
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	24	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	0	24	0	0	0	0	24

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	135
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3.00
LPN's	2.00
Certified Aides	11.00
Other Health Staff	2.00
Non-Health Staff	13.00
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
11.7%	81.8%	0.0%	0.3%	6.1%	100.0%		
154,645	1,077,273	0	4,127	80,170	1,316,215	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock River Gardens
3601 16th Ave.
Sterling, IL. 61051

Reference Numbers

Facility ID	6002695	
Health Service Area	001	
Planning Service Area	195	Whiteside
County	195	Whiteside County

Administrator
Lindsay Huizenga

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/12/2019

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 - 2018

Residents on 1/1/2017	64
Total Admissions 2017	37
Total Discharges 2017	44
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	57
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	57

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	70	70	57	70	57	13	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	57	70	57	13	0	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	20597	80.6%	0	0	72	0	20669	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%	20597	80.6%	0	0	72	0	20669	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	7	0	0	0	0	0	0	14	7	21
60 to 64	5	2	0	0	0	0	0	0	5	2	7
65 to 74	3	5	0	0	0	0	0	0	3	5	8
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	36	21	0	0	0	0	0	0	36	21	57

Rock River Gardens
3601 16th Ave.
Sterling, IL. 61051

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	57	0	0	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	0	57	0	0	0	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	130	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	53	0	0	0	53
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	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	4.00
LPN's	2.00
Certified Aides	14.00
Other Health Staff	6.00
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
0.0%	99.9%	0.0%	0.0%	0.1%	100.0%		
0	2,003,125	0	0	2,210	2,005,335	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rock River Healthcare
707 W. Riverside Blvd
Rockford, IL. 61103

Reference Numbers

Facility ID	6008049	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Roland Arreguin

Contact Person and Telephone
Roland Arreguin
815-877-5752

Registered Agent Information
Aaron Rokach
4711 Golf Rd St 200
Skokie, IL 60077

Date Questionnaire Completed 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	66
Total Admissions 2017	80
Total Discharges 2017	77
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	7
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	3
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 7

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	130	130	70	130	69	61	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	70	130	69	61	69	130

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1825	7.2%	20842	43.9%	0	148	425	0	23240	49.0%	49.0%
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	1825	7.2%	20842	43.9%	0	148	425	0	23240	49.0%	49.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	8	0	0	0	0	0	0	13	8	21
60 to 64	10	4	0	0	0	0	0	0	10	4	14
65 to 74	12	10	0	0	0	0	0	0	12	10	22
75 to 84	7	2	0	0	0	0	0	0	7	2	9
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	45	24	0	0	0	0	0	0	45	24	69

Rock River Healthcare
707 W. 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	11	51	3	1	3	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	51	3	1	3	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	53	0	0	0	53
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	1.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	8.00
Certified Aides	20.00
Other Health Staff	3.00
Non-Health Staff	27.00
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
23.3%	73.3%	0.0%	1.6%	1.8%	100.0%		
1,046,298	3,297,022	0	70,718	81,320	4,495,358	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
Dana Ossola-Jung

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	6	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	0	6	6	0	0	6

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	80.8%	1.4%	0.0%	17.8%	100.0%		
0	302,865	5,241	0	66,566	374,672	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
Scott Myers
847-379-8282

Registered Agent Information

Date Questionnaire Completed 5/16/2019

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 - 2018

Residents on 1/1/2017	98
Total Admissions 2017	545
Total Discharges 2017	545
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	11
Mental Illness	23
Developmental Disability	1
Circulatory System	14
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	28
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	115	0	0	115	98	17	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	115	98	17	115	87

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15526	37.0%	9705	30.6%	0	414	12699	0	38344	91.3%	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	15526	37.0%	9705	30.6%	0	414	12699	0	38344	91.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
75 to 84	4	21	0	0	0	0	0	0	4	21	25
85+	12	51	0	0	0	0	0	0	12	51	63
TOTALS	21	77	0	0	0	0	0	0	21	77	98

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	42	0	3	30	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	23	42	0	3	30	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	285
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	87	0	0	0	87
Race Unknown	1	0	0	0	1
Total	98	0	0	0	98

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	93	0	0	0	93
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	19.25
LPN's	15.43
Certified Aides	67.08
Other Health Staff	0.00
Non-Health Staff	148.06
Totals	251.82

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
43.0%	29.1%	0.0%	2.3%	25.6%	100.0%		
5,538,743	3,752,659	0	290,177	3,304,892	12,886,471	0	0.0%

*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 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	22
Total Discharges 2017	16
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	29
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	11
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	29	29	29	29	29	0	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	60	0	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	10585	288	10873	102.7%	102.7%
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	1131	17	1148	10.1%	10.1%
TOTALS	0	0.0%	0	0.0%	0	0	11716	305	12021	54.9%	54.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	0	8	0	0	0	0	0	3	0	11	11
85+	0	16	0	0	0	0	0	28	0	44	44
TOTALS	0	29	0	0	0	0	0	31	0	60	60

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	25	4	29
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	29	2	31
TOTALS	0	0	0	0	54	6	60

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	29	0	0	31	60
Race Unknown	0	0	0	0	0
Total	29	0	0	31	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	2.00
Physicians	0.00
Director of Nursing	1.50
Registered Nurses	5.20
LPN's	6.10
Certified Aides	35.00
Other Health Staff	28.00
Non-Health Staff	6.50
Totals	84.30

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	3,473,889	3,473,889	45,520	1.3%

*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 4/16/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	79
Total Admissions 2017	2
Total Discharges 2017	1
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	78
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	78

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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	80	80	79	80	78	2		80
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	80	80	79	80	78	2	0	80

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	47	0	0	0	47	47
60 to 64	0	0	0	0	0	4	0	0	0	4	4
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	78	0	0	0	78	78

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		78	0	0	0	0	78
Sheltered Care			0	0	0	0	0
TOTALS	0	78	0	0	0	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	62	0	62
Race Unknown	0	0	0	0	0
Total	0	0	78	0	78

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	4	0	4
Non-Hispanic	0	0	74	0	74
Ethnicity Unknown	0	0	0	0	0
Total	0	0	78	0	78

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	8.00
Certified Aides	7.00
Other Health Staff	51.00
Non-Health Staff	18.00
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
84.1%	0.0%	0.0%	0.0%	15.9%	100.0%		
3,517,814	0	0	0	664,578	4,182,392	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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5780	99.0%	0	0	0	0	5780	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5780	99.0%	0	0	0	0	5780	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	2	0	0	4	2	6
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	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

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	135
Sheltered Care	0	0

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%	2.0%	0.0%	21.7%	100.0%		
0	572,806	14,748	0	162,813	750,367	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 3/19/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5349	#Div/0!	0	0	365	0	5714	97.8%	97.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5349	0.0%	0	0	365	0	5714	97.8%	97.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	8	0	0	8	8	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	8	8	0	0	8	8	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.04
Director of Nursing	0.13
Registered Nurses	1.85
LPN's	0.18
Certified Aides	16.96
Other Health Staff	4.55
Non-Health Staff	2.84
Totals	26.88

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	926,226	0	0	137,378	1,063,604	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Roseville Rehabilitation and Healthcare
145 South Chamberlain
Roseville, IL. 61473

Reference Numbers

Facility ID	6005136	
Health Service Area	002	
Planning Service Area	071	Henderson/Warren
County	071	Warren County

Administrator
Job Runge

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/26/2019

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 - 2018

Residents on 1/1/2017	47
Total Admissions 2017	68
Total Discharges 2017	63
Residents on 12/31/2017	52

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	27
Developmental Disability	0
Circulatory System	11
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	52

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	99	99	59	99	52	47	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	59	99	52	47	99	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1040	2.9%	13496	37.3%	0	1	4596	0	19133	52.9%	52.9%
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	1040	2.9%	13496	37.3%	0	1	4596	0	19133	52.9%	52.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	4	1	5
65 to 74	7	3	0	0	0	0	0	0	7	3	10
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	7	12	0	0	0	0	0	0	7	12	19
TOTALS	28	24	0	0	0	0	0	0	28	24	52

Roseville Rehabilitation and Healthcare
145 South Chamberlain
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	2	36	0	0	14	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	2	36	0	0	14	0	52

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	5.00
Certified Aides	10.00
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
5.2%	65.7%	0.0%	0.7%	28.4%	100.0%		
134,777	1,708,319	0	18,898	737,175	2,599,169	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rosewodo Care Center of St. Charles
850 Dunham Road
St. Charles, IL. 60174

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
JanPoelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	76
Total Admissions 2017	443
Total Discharges 2017	451
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	8
Mental Illness	5
Developmental Disability	0
Circulatory System	20
Respiratory System	12
Digestive System	3
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	68

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	109	109	101	109	68	41	109	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	109	109	101	109	68	41	109	88

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3960	10.0%	18188	56.6%	0	2807	5301	0	30256	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	3960	10.0%	18188	56.6%	0	2807	5301	0	30256	76.0%	76.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	4	0	0	0	0	0	0	4	4	8
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	12	23	0	0	0	0	0	0	12	23	35
TOTALS	25	43	0	0	0	0	0	0	25	43	68

Rosewodo Care Center of St. Charles
850 Dunham Road
St. Charles, IL. 60174

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	6	47	0	3	12	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	6	47	0	3	12	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	67	0	0	0	67
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	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
30.6%	26.8%	0.0%	14.7%	27.8%	100.0%		
2,168,518	1,899,363	0	1,037,985	1,969,765	7,075,631	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

Reference Numbers

Facility ID	6012074	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Harry Poole

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	128
Total Admissions 2017	936
Total Discharges 2017	940
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	19
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	18
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	12
Injuries and Poisonings	18
Other Medical Conditions	18
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	180	180	141	180	124	56	180	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	180	180	141	180	124	56	180	78

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	9453	33.2%	14302	0	5081	15354	44190	67.3%	67.3%
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%	9453	33.2%	14302	0	5081	15354	44190	67.3%	67.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	9	0	0	0	0	0	0	7	9	16
75 to 84	8	28	0	0	0	0	0	0	8	28	36
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	28	96	0	0	0	0	0	0	28	96	124

Rosewood Care Center of Alton
3490 Humbert Road
Alton, IL. 62002

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	24	38	0	18	44	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	38	0	18	44	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	117	0	0	0	117
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	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 East Peoria
900 Centennial Drive
East Peoria, IL. 61611

Reference Numbers

Facility ID	6012017	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Mary Grondin

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	365
Total Discharges 2017	374
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	14
Respiratory System	6
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	2
Other Medical Conditions	23
Non-Medical Conditions	1
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	120	120	86	120	76	44	120	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	120	120	86	120	76	44	120	72

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4264	9.7%	13946	53.1%	0	1526	8789	0	28525	65.1%	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	4264	9.7%	13946	53.1%	0	1526	8789	0	28525	65.1%	65.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
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	1	6	0	0	0	0	0	0	1	6	7
75 to 84	6	12	0	0	0	0	0	0	6	12	18
85+	9	31	0	0	0	0	0	0	9	31	40
TOTALS	23	53	0	0	0	0	0	0	23	53	76

Rosewood Care Center of East Peoria
900 Centennial Drive
East Peoria, IL. 61611

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	12	34	0	9	21	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	34	0	9	21	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	73	0	0	0	73
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	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 of Edwardsville
6277 Center Grove Road
Edwardsville, IL. 62025

Reference Numbers

Facility ID	6014401	
Health Service Area	011	
Planning Service Area	119	Madison
County	119	Madison County

Administrator
Billie Blair

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/2/2019

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 - 2018

Residents on 1/1/2017	103
Total Admissions 2017	644
Total Discharges 2017	649
Residents on 12/31/2017	98

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	12
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	9
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	8
Other Medical Conditions	26
Non-Medical Conditions	0
TOTALS	98

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	120	120	109	120	98	22	120	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	120	120	109	120	98	22	120	78

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4435	10.1%	16991	59.7%	0	3174	11539	0	36139	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	4435	10.1%	16991	59.7%	0	3174	11539	0	36139	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	0	0	0	0	0	0	4	2	6
60 to 64	2	4	0	0	0	0	0	0	2	4	6
65 to 74	3	10	0	0	0	0	0	0	3	10	13
75 to 84	9	20	0	0	0	0	0	0	9	20	29
85+	7	36	0	0	0	0	0	0	7	36	43
TOTALS	25	73	0	0	0	0	0	0	25	73	98

Rosewood Care Center of Edwardsville
6277 Center Grove Road
Edwardsville, IL. 62025

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	51	0	12	23	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	51	0	12	23	0	98

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	153
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	92	0	0	0	92
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	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	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

Reference Numbers

Facility ID	6014237	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Cindy Tuscano

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	112
Total Admissions 2017	625
Total Discharges 2017	630
Residents on 12/31/2017	107

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	5
Blood Disorders	4
*Nervous System Non Alzheimer	21
Alzheimer Disease	9
Mental Illness	0
Developmental Disability	0
Circulatory System	6
Respiratory System	19
Digestive System	14
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	20
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	139	139	124	139	107	32	139	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	139	139	124	139	107	32	139	119

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7350	14.5%	16358	37.7%	0	2428	14092	0	40228	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	7350	14.5%	16358	37.7%	0	2428	14092	0	40228	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	12	0	0	0	0	0	0	5	12	17
75 to 84	13	27	0	0	0	0	0	0	13	27	40
85+	12	35	0	0	0	0	0	0	12	35	47
TOTALS	31	76	0	0	0	0	0	0	31	76	107

Rosewood Care Center of Elgin
2355 Royal Boulevard
Elgin, IL. 60123

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	13	49	0	6	39	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	49	0	6	39	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	192	163
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	101	0	0	0	101
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	4	0	0	0	4
Non-Hispanic	103	0	0	0	103
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	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 W Carl Sandburg Drive
Galesburg, IL. 61401

Reference Numbers

Facility ID	6010466	
Health Service Area	002	
Planning Service Area	095	Knox
County	095	Knox County

Administrator

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	91
Total Admissions 2017	391
Total Discharges 2017	395
Residents on 12/31/2017	87

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	6
Developmental Disability	0
Circulatory System	9
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	13
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	87

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	180	180	108	180	87	93	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	108	180	87	93	180	180

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2437	3.7%	21877	33.3%	0	1336	9242	0	34892	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	2437	3.7%	21877	33.3%	0	1336	9242	0	34892	53.1%	53.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	3	3	0	0	0	0	0	0	3	3	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	4	9	0	0	0	0	0	0	4	9	13
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	7	38	0	0	0	0	0	0	7	38	45
TOTALS	24	63	0	0	0	0	0	0	24	63	87

Rosewood Care Center of Galesburg
1250 W Carl Sandburg Drive
Galesburg, IL. 61401

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	5	59	0	4	19	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	59	0	4	19	0	87

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	164	141
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	1	0	0	0	1
Non-Hispanic	86	0	0	0	86
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	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

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 4/15/2019

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	539
Total Discharges 2017	546
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	6
*Nervous System Non Alzheimer	1
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	0
Circulatory System	3
Respiratory System	14
Digestive System	7
Genitourinary System Disorders	11
Skin Disorders	3
Musculo-skeletal Disorders	26
Injuries and Poisonings	0
Other Medical Conditions	16
Non-Medical Conditions	0
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	142	142	112	142	97	45	142	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	142	142	112	142	97	45	142	70

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6787	13.1%	16893	66.1%	0	2005	11054	0	36739	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	6787	13.1%	16893	66.1%	0	2005	11054	0	36739	70.9%	70.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	15	56	0	0	0	0	0	0	15	56	71
85+	6	6	0	0	0	0	0	0	6	6	12
TOTALS	26	71	0	0	0	0	0	0	26	71	97

Rosewood Care Center of Inverness
1800 Colonial Parkway
Inverness, IL. 60067

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	52	0	2	29	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	14	52	0	2	29	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	226	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	95	0	0	0	95
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	97	0	0	0	97
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	25.00
LPN's	9.00
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

Reference Numbers

Facility ID	6012835	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Sandy Erickson

Contact Person and Telephone
Jan Poelker
314-994-9070

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	385
Total Discharges 2017	380
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	0
Circulatory System	15
Respiratory System	9
Digestive System	3
Genitourinary System Disorders	8
Skin Disorders	3
Musculo-skeletal Disorders	4
Injuries and Poisonings	10
Other Medical Conditions	7
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	120	120	77	120	74	46	120	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	120	120	77	120	74	46	120	88

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4940	11.3%	9692	30.2%	0	1222	9648	0	25502	58.2%	58.2%
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	4940	11.3%	9692	30.2%	0	1222	9648	0	25502	58.2%	58.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	1	0	0	0	0	0	0	1	1	2
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+	10	23	0	0	0	0	0	0	10	23	33
TOTALS	26	48	0	0	0	0	0	0	26	48	74

Rosewood Care Center of Joliet
3401 Hennepin Drive
Joliet, IL. 60431

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	29	0	8	23	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	29	0	8	23	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	188	171
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	17.00
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
41.9%	17.4%	0.0%	12.5%	28.2%	100.0%		
3,172,884	1,321,677	0	949,988	2,136,960	7,581,509	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

Reference Numbers

Facility ID	6012587	
Health Service Area	010	
Planning Service Area	161	Rock Island
County	161	Rock Island County

Administrator
Janet Holmberg

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	403
Total Discharges 2017	412
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	10
Developmental Disability	0
Circulatory System	26
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	76

Total Residents Diagnosed as Mentally Ill 54

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	93	120	76	44	120	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	120	120	93	120	76	44	120	80

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	6.2%	18239	62.5%	0	2740	6615	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	2721	6.2%	18239	62.5%	0	2740	6615	0	30315	69.2%	69.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	12	0	0	0	0	0	0	3	12	15
75 to 84	10	17	0	0	0	0	0	0	10	17	27
85+	10	22	0	0	0	0	0	0	10	22	32
TOTALS	25	51	0	0	0	0	0	0	25	51	76

Rosewood Care Center of Moline
7300 34th Avenue
Moline, IL. 61265

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	43	0	8	20	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	5	43	0	8	20	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	66	0	0	0	66
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	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 Northbrook
4101 Lake Cook Road
Northbrook, IL. 60062

Reference Numbers

Facility ID	6019723	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Northfield Township

Administrator
Rebecca Marrs

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	111
Total Admissions 2017	263
Total Discharges 2017	257
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	10
Alzheimer Disease	6
Mental Illness	19
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	10
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	107

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	147	147	120	147	107	40	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	120	147	107	40	147	137

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	5.9%	33801	67.6%	0	237	4278	0	41465	77.3%	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	3149	5.9%	33801	67.6%	0	237	4278	0	41465	77.3%	77.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
75 to 84	7	21	0	0	0	0	0	0	7	21	28
85+	21	48	0	0	0	0	0	0	21	48	69
TOTALS	36	71	0	0	0	0	0	0	36	71	107

Rosewood Care Center of Northbrook
4101 Lake Cook Road
Northbrook, IL. 60062

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	92	0	1	10	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	4	92	0	1	10	0	107

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	156
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	2	0	0	0	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	102	0	0	0	102
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	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 Peoria
1500 W Northmoor Road
Peoria, IL. 61614

Reference Numbers

Facility ID	6012165	
Health Service Area	002	
Planning Service Area	143	Peoria
County	143	Peoria County

Administrator
Michael Barth

Contact Person and Telephone
Jan Poelker
314-994-9070 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	74
Total Admissions 2017	328
Total Discharges 2017	336
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	5
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	13
Injuries and Poisonings	13
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	120	120	76	120	66	54	120	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	120	120	76	120	66	54	120	68

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3443	7.9%	13233	53.3%	0	1931	5859	0	24466	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	3443	7.9%	13233	53.3%	0	1931	5859	0	24466	55.9%	55.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	3	0	0	0	0	0	0	4	3	7
65 to 74	7	29	0	0	0	0	0	0	7	29	36
75 to 84	9	6	0	0	0	0	0	0	9	6	15
85+	2	3	0	0	0	0	0	0	2	3	5
TOTALS	24	42	0	0	0	0	0	0	24	42	66

Rosewood Care Center of Peoria
1500 W Northmoor Road
Peoria, IL. 61614

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	33	0	13	12	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	13	12	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	187	167
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	48	0	0	0	48
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	1.00
LPN's	5.00
Certified Aides	34.00
Other Health Staff	17.00
Non-Health Staff	0.00
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
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 S Mulford Road
Rockford, IL. 61108

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 x3025

Registered Agent Information
Dan Maher
412 East Lawrence Ave
Springfield, IL 62703

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	361
Total Discharges 2017	371
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	1
Circulatory System	6
Respiratory System	14
Digestive System	7
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	10
Injuries and Poisonings	2
Other Medical Conditions	6
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	120	120	79	120	71	49	120	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	120	120	79	120	71	49	120	91

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3905	8.9%	15692	47.2%	0	1284	5036	0	25917	59.2%	59.2%
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	3905	8.9%	15692	47.2%	0	1284	5036	0	25917	59.2%	59.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
65 to 74	1	11	0	0	0	0	0	0	1	11	12
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	8	23	0	0	0	0	0	0	8	23	31
TOTALS	21	50	0	0	0	0	0	0	21	50	71

Rosewood Care Center of Rockford
1660 S Mulford Road
Rockford, IL. 61108

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	6	43	0	8	14	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	43	0	8	14	0	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	189	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	63	0	0	0	63
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	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.

Rosiclare Rehab & Health Care Center
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/5/2019

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 - 2018

Residents on 1/1/2017	37
Total Admissions 2017	42
Total Discharges 2017	36
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	25
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	3
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	62	62	46	62	43	19	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	46	62	43	19	62	62

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1850	8.2%	10659	47.1%	0	109	2232	0	14850	65.6%	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	1850	8.2%	10659	47.1%	0	109	2232	0	14850	65.6%	65.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	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	12	0	0	0	0	0	0	3	12	15
85+	5	13	0	0	0	0	0	0	5	13	18
TOTALS	10	33	0	0	0	0	0	0	10	33	43

Rosiclare Rehab & Health Care Center
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	3	31	0	0	9	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	31	0	0	9	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	145	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
LPN's	7.00
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
17.2%	69.1%	0.0%	1.5%	12.2%	100.0%		
369,856	1,482,553	0	31,639	262,893	2,146,941	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
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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1985	90.6%	0	0	0	0	1985	90.6%	90.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1985	90.6%	0	0	0	0	1985	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1	0	1
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%	87.5%	0.2%	0.0%	12.2%	100.0%		
0	353,746	980	0	49,438	404,164	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

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1478	2.0%	42670	58.5%	0	0	3609	0	47757	65.4%	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	1478	2.0%	42670	58.5%	0	0	3609	0	47757	65.4%	65.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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
4.3%	85.1%	0.0%	0.5%	10.1%	100.0%		
246,021	4,826,040	0	28,138	569,890	5,670,089	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
Melanie M. Hennessy
708-660-2030

Registered Agent Information

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	19
Total Admissions 2017	367
Total Discharges 2017	376
Residents on 12/31/2017	10

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	1
Skin Disorders	2
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	1
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	36	21	21	21	9	27	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	21	21	21	9	27	36	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5439	41.4%	0	0.0%	0	1044	0	74	6557	49.9%	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	5439	41.4%	0	0.0%	0	1044	0	74	6557	49.9%	85.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	0	0	0	0	0	0	2	2
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	4	5	0	0	0	0	0	0	4	5	9

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	7	0	0	2	0	0	9
Skilled Under 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	0	9

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	9	0	0	0	9

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	9	0	0	0	9
Ethnicity Unknown	0	0	0	0	0
Total	9	0	0	0	9

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
83.3%	0.0%	0.0%	7.2%	9.5%	100.0%		
2,375,638	0	0	204,799	270,001	2,850,438	58,889	2.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Rushville Nursing and Rehabilitation Center
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
Keesha Abernathy

Contact Person and Telephone
Keesha Abernathy
217-322-3420

Registered Agent Information
Sherwin Ray
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	56
Total Discharges 2017	56
Residents on 12/31/2017	53

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	20
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	2
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	99	99	57	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	57	99	53	46	49	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	392	2.2%	138	0.4%	0	492	178	0	1200	3.3%	3.3%
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	392	2.2%	138	0.4%	0	492	178	0	1200	3.3%	3.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	3	0	0	0	0	0	0	3	3	6
75 to 84	3	14	0	0	0	0	0	0	3	14	17
85+	4	18	0	0	0	0	0	0	4	18	22
TOTALS	13	40	0	0	0	0	0	0	13	40	53

Rushville Nursing and Rehabilitation Center
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	30	0	3	12	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	8	30	0	3	12	0	53

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.40
LPN's	2.20
Certified Aides	16.00
Other Health Staff	17.00
Non-Health Staff	0.00
Totals	42.60

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
29.1%	41.2%	0.0%	1.5%	28.1%	100.0%		
1,010,094	1,427,803	0	53,664	976,026	3,467,587	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 4/17/2019

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 - 2018

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 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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5837	99.9%	0	0	0	0	5837	99.9%	99.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5837	99.9%	0	0	0	0	5837	99.9%	99.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	10	0	0	5	10	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	250	207
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	8	0	8
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	0.00
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
0.2%	99.8%	0.0%	0.0%	0.0%	100.0%		
1,786	1,183,196	0	0	0	1,184,982	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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
Amy K. Swanson

Contact Person and Telephone
Amy K. Swanson
815-229-1999

Registered Agent Information
Kathleen Cronin
18929 Hickory Creek Dr. Suite 300

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	126
Total Admissions 2017	711
Total Discharges 2017	709
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	4
*Nervous System Non Alzheimer	16
Alzheimer Disease	15
Mental Illness	0
Developmental Disability	0
Circulatory System	20
Respiratory System	28
Digestive System	14
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	128	51	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	128	51	119	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13260	30.5%	16999	77.6%	708	151	11292	0	42410	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	13260	30.5%	16999	77.6%	708	151	11292	0	42410	64.9%	64.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	12	0	0	0	0	0	0	4	12	16
75 to 84	11	21	0	0	0	0	0	0	11	21	32
85+	15	60	0	0	0	0	0	0	15	60	75
TOTALS	31	97	0	0	0	0	0	0	31	97	128

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	34	47	0	14	33	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	34	47	0	14	33	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	120	0	0	0	120
Race Unknown	1	0	0	0	1
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	1.90
Registered Nurses	17.60
LPN's	0.00
Certified Aides	34.40
Other Health Staff	7.10
Non-Health Staff	34.10
Totals	96.10

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
41.6%	17.4%	0.0%	16.6%	24.4%	100.0%		
5,824,970	2,429,780	0	2,317,683	3,421,472	13,993,905	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Salem Village Nursing and Rehabilitation LLC
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

Contact Person and Telephone

Registered Agent Information

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	206
Total Admissions 2017	142
Total Discharges 2017	180
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	8
Mental Illness	0
Developmental Disability	3
Circulatory System	23
Respiratory System	30
Digestive System	8
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	4
Other Medical Conditions	27
Non-Medical Conditions	1
TOTALS	168

Total Residents Diagnosed as Mentally Ill	0
Total Residents Reported as Identified Offenders	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	168	266	168	98	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	0	6	0	6		
TOTAL BEDS	272	272	168	272	168	104	230	266

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5266	6.3%	52436	54.0%	0	156	5831	0	63689	65.6%	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	5266	6.3%	52436	54.0%	0	156	5831	0	63689	64.2%	64.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	17	11	0	0	0	0	0	0	17	11	28
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	12	20	0	0	0	0	0	0	12	20	32
75 to 84	22	26	0	0	0	0	0	0	22	26	48
85+	6	29	0	0	0	0	0	0	6	29	35
TOTALS	72	96	0	0	0	0	0	0	72	96	168

Salem Village Nursing and Rehabilitation LLC
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	10	0	0	2	15	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	10	0	0	2	15	0	27

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	125	0	0	0	125
Race Unknown	168	0	0	0	168
Total	336	0	0	0	336

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.80
Physicians	0.93
Director of Nursing	1.80
Registered Nurses	28.49
LPN's	55.45
Certified Aides	106.25
Other Health Staff	39.14
Non-Health Staff	132.30
Totals	366.16

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
17.7%	57.9%	0.0%	4.5%	19.9%	100.0%		
2,593,088	8,470,364	0	656,425	2,906,782	14,626,659	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Saline Care Nursing and Rehabilitation
120 South Land Street
Harrisburg, IL. 62946

Reference Numbers

Facility ID	6008346	
Health Service Area	005	
Planning Service Area	059	Gallatin/Hamilton/Saline
County	165	Saline County

Administrator
LaDonna Allred

Contact Person and Telephone
LaDonna Allred
618-252-7405

Registered Agent Information
Scott Stout
105 S. Commercial Street
Harrisburg, IL 62946

Date Questionnaire Completed 5/20/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	111
Total Admissions 2017	86
Total Discharges 2017	22
Residents on 12/31/2017	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	71
Developmental Disability	0
Circulatory System	10
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	3
Musculo-skeletal Disorders	0
Injuries and Poisonings	4
Other Medical Conditions	0
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	142	0	120	142	115	27	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	120	142	115	27	72	142

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	209	0.8%	3027	5.8%	0	0	337	0	3573	6.9%	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	209	0.8%	3027	5.8%	0	0	337	0	3573	6.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	9	3	12
65 to 74	9	7	0	0	0	0	0	0	9	7	16
75 to 84	5	38	0	0	0	0	0	0	5	38	43
85+	6	26	0	0	0	0	0	0	6	26	32
TOTALS	34	81	0	0	0	0	0	0	34	81	115

Saline Care Nursing and Rehabilitation
120 South Land Street
Harrisburg, IL. 62946

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	6	98	0	0	11	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	6	98	0	0	11	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	130
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	108	0	0	0	108
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	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
8.0%	33.0%	5.5%	0.0%	53.4%	100.0%		
237,143	974,877	161,901	0	1,576,813	2,950,734	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sandwich Rehab & Health Care Center
902 East Arnold
Sandwich, IL. 60548

Reference Numbers

Facility ID	6008213	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Elijah Vainowski

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/23/2019

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 - 2018

Residents on 1/1/2017	36
Total Admissions 2017	28
Total Discharges 2017	35
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	1
Mental Illness	7
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	2
Skin Disorders	4
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	29

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	63	63	36	63	29	34	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	36	63	29	34	0	63

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	996	0.0%	9203	40.0%	0	0	1586	0	11785	51.3%	51.3%
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	996	0.0%	9203	40.0%	0	0	1586	0	11785	51.3%	51.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	1	5	0	0	0	0	0	0	1	5	6
85+	4	2	0	0	0	0	0	0	4	2	6
TOTALS	13	16	0	0	0	0	0	0	13	16	29

Sandwich Rehab & Health Care Center
902 East Arnold
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	22	0	0	3	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	4	22	0	0	3	0	29

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	5.00
LPN's	1.00
Certified Aides	14.00
Other Health Staff	1.00
Non-Health Staff	34.00
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
16.1%	73.0%	0.0%	0.0%	10.9%	100.0%		
312,878	1,420,735	0	0	212,583	1,946,196	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sauk Valley Senior Living & Rehabilitation Center
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
Nikaela Rivera

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	24
Total Admissions 2017	16
Total Discharges 2017	17
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	3
Alzheimer Disease	0
Mental Illness	9
Developmental Disability	0
Circulatory System	3
Respiratory System	1
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	23

Total Residents Diagnosed as Mentally Ill 9

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	32	55	23	32	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	32	55	23	32	55	55

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	449	2.2%	7935	39.5%	0	8	579	0	8971	44.7%	44.7%
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	449	2.2%	7935	39.5%	0	8	579	0	8971	44.7%	44.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	2	6	0	0	0	0	0	0	2	6	8
75 to 84	1	3	0	0	0	0	0	0	1	3	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	10	13	0	0	0	0	0	0	10	13	23

Sauk Valley Senior Living & Rehabilitation Center
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	21	0	0	1	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	1	21	0	0	1	0	23

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	10	0	0	0	10
Race Unknown	12	0	0	0	12
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	1.00
Director of Nursing	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	8.00
Totals	24.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
3.1%	89.9%	0.0%	0.0%	7.0%	100.0%		
39,074	1,148,704	0	294	89,550	1,277,622	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4944	84.7%	0	0	0	0	4944	84.7%	84.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4944	84.7%	0	0	0	0	4944	84.7%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	80.8%	1.9%	0.0%	17.3%	100.0%		
0	489,103	11,573	0	104,992	605,668	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Scott County Nursing Center
PO Box110 650 North Main Street
Winchester, IL. 62694

Reference Numbers

Facility ID	6008395	
Health Service Area	003	
Planning Service Area	137	Morgan/Scott
County	171	Scott County

Administrator
Debra Kay O'Dell R.N. LNHA

Contact Person and Telephone
Debra Kay O'Dell R.N. LNHA
217-742-3101

Registered Agent Information

Date Questionnaire Completed 4/15/2015

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	40
Total Discharges 2017	30
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	24
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	3
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	40

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	0	0	0	40	9	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	0	40	9	0	49

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1575	0.0%	6300	35.2%	0	0	6083	0	13958	78.0%	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	1575	0.0%	6300	35.2%	0	0	6083	0	13958	78.0%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	4	5	9
85+	6	23	0	0	0	0	0	0	6	23	29
TOTALS	10	30	0	0	0	0	0	0	10	30	40

Scott County Nursing Center
PO Box110 650 North Main Street
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	8	16	0	0	16	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	8	16	0	0	16	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
LPN's	8.00
Certified Aides	15.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	29.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
30.6%	23.5%	0.0%	0.0%	45.8%	100.0%		
691,958	531,348	0	0	1,034,928	2,258,234	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
Dana Ossola-Jung

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	77.9%	2.0%	0.0%	20.1%	100.0%		
0	576,939	14,905	0	148,822	740,666	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 4/9/2019

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 - 2018

Residents on 1/1/2017	101
Total Admissions 2017	563
Total Discharges 2017	559
Residents on 12/31/2017	105

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 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	121	121
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	121	121	117	121	105	16		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	121	121	117	121	105	16	121	121

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			11276	#Div/0!	0	0	13529	0	24805	56.2%	56.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	11276	25.5%	0	0	13529	0	24805	56.2%	56.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	2	4	6
75 to 84	0	0	0	0	21	28	0	0	21	28	49
85+	0	0	0	0	13	35	0	0	13	35	48
TOTALS	0	0	0	0	37	68	0	0	37	68	105

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	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		31	0	6	40	0	77
Sheltered Care			0	0	0	0	0
TOTALS	0	31	0	6	40	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	220	189
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	104	0	104
Race Unknown	0	0	1	0	1
Total	0	0	105	0	105

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	1	0	1
Non-Hispanic	0	0	104	0	104
Ethnicity Unknown	0	0	0	0	0
Total	0	0	105	0	105

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	14.00
Certified Aides	51.00
Other Health Staff	27.00
Non-Health Staff	14.00
Totals	116.00

NET REVENUE BY PAYOR 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%	10.7%	3.0%	6.9%	25.5%	100.0%		
5,674,681	1,127,039	311,981	720,998	2,677,944	10,512,643	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Seymour Terrace
1504 16th Street
North Chicago, IL. 60064

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 4/4/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2007	91.6%	0	0	0	0	2007	91.6%	91.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2007	91.6%	0	0	0	0	2007	91.6%	91.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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	1	4	0	0	1	4	5

Seymour Terrace
1504 16th Street
North Chicago, IL. 60064

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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%	90.2%	0.9%	0.0%	8.9%	100.0%		
0	417,853	4,315	0	41,087	463,255	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 4/19/2019

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 - 2018

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	15	1		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	16	16	15	1	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5658	96.9%	0	0	0	0	5658	96.9%	96.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5658	96.9%	0	0	0	0	5658	96.9%	96.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	6	0	0	0	6	0	6
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	14	2	0	0	14	2	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	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	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%	83.9%	0.0%	0.0%	16.1%	100.0%		
0	899,313	0	0	172,780	1,072,093	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 4/19/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	7	1	0	0	7	1	8
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	91.4%	0.0%	0.0%	8.6%	100.0%		
0	1,065,939	0	0	99,838	1,165,777	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shannon House
6300 North 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 3/15/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4379	######	0	0	0	0	4379	100.0%	100.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4379	######	0	0	0	0	4379	100.0%	100.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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 North 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

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	0.22
Physicians	0.08
Director of Nursing	0.00
Registered Nurses	0.11
LPN's	0.00
Certified Aides	9.24
Other Health Staff	3.91
Non-Health Staff	0.22
Totals	13.78

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%	86.5%	0.0%	0.0%	13.5%	100.0%		
0	678,181	0	0	106,076	784,257	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sharon Healthcare Elms
3611 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

Registered Agent Information
Gary Weintraub
465 N Central Ave, Suite 100
Northfield, IL 60093

Date Questionnaire Completed 3/14/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	108
Total Discharges 2017	110
Residents on 12/31/2017	68

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	9
Blood Disorders	10
*Nervous System Non Alzheimer	4
Alzheimer Disease	3
Mental Illness	3
Developmental Disability	0
Circulatory System	6
Respiratory System	11
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	68

Total Residents Diagnosed as Mentally Ill 12

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	80	98	68	30	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	80	98	68	30	0	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4602	0.0%	19586	54.8%	0	2368	860	0	27416	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	4602	0.0%	19586	54.8%	0	2368	860	0	27416	76.6%	76.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	0	0	0	0	0	4	4
45 to 59	7	7	0	0	0	0	0	0	7	7	14
60 to 64	11	2	0	0	0	0	0	0	11	2	13
65 to 74	15	5	0	0	0	0	0	0	15	5	20
75 to 84	9	2	0	0	0	0	0	0	9	2	11
85+	3	3	0	0	0	0	0	0	3	3	6
TOTALS	45	23	0	0	0	0	0	0	45	23	68

Sharon Healthcare Elms
3611 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	9	54	0	5	0	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	9	54	0	5	0	0	68

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	340	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	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	11.00
Certified Aides	34.00
Other Health Staff	9.00
Non-Health Staff	28.00
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
26.9%	59.4%	9.6%	0.0%	4.1%	100.0%		
1,389,782	3,069,647	493,623	0	210,671	5,163,723	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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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
CINDY STRIBLEY
309-688-2457

Registered Agent Information
GARY WEINTRAUB
465 CENTRAL AVE
Northfield, IL 60093

Date Questionnaire Completed 3/22/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	158
Total Admissions 2017	58
Total Discharges 2017	62
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	49
Alzheimer Disease	4
Mental Illness	60
Developmental Disability	0
Circulatory System	7
Respiratory System	23
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	154

Total Residents Diagnosed as Mentally Ill 60

Total Residents Reported as Identified Offenders 55

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	165	218	154	64	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	0	165	218	154	64	0	218

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	53580	67.3%	1338	0	375	0	55293	69.5%	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	0	0.0%	53580	67.3%	1338	0	375	0	55293	69.5%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	31	12	0	0	0	0	0	0	31	12	43
60 to 64	32	20	0	0	0	0	0	0	32	20	52
65 to 74	20	22	0	0	0	0	0	0	20	22	42
75 to 84	9	4	0	0	0	0	0	0	9	4	13
85+	0	1	0	0	0	0	0	0	0	1	1
TOTALS	95	59	0	0	0	0	0	0	95	59	154

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	150	3	1	0	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	0	150	3	1	0	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	150	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	17	0	0	0	17
Hawaiian/Pacific Isl.	0	0	0	0	0
White	135	0	0	0	135
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	154	0	0	0	154
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	12.00
LPN's	12.00
Certified Aides	44.00
Other Health Staff	0.00
Non-Health Staff	52.00
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
0.0%	96.8%	2.6%	0.0%	0.7%	100.0%		
0	7,670,801	204,467	0	52,500	7,927,768	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 N. 13th St
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
Jessica Seidler
618-942-7391

Registered Agent Information
Jake Bell
200 N. Postville
Lincoln, IL 62656

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	111
Total Admissions 2017	297
Total Discharges 2017	291
Residents on 12/31/2017	117

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	11
Mental Illness	17
Developmental Disability	0
Circulatory System	20
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	4
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	159	129	121	129	117	42	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	121	129	117	42	83	159

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6520	21.5%	24653	42.5%	0	1611	3451	0	36235	62.4%	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	0	0	0	0.0%	0.0%
TOTALS	6520	21.5%	24653	42.5%	0	1611	3451	0	36235	62.4%	77.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	3	5	0	0	0	0	0	0	3	5	8
65 to 74	8	10	0	0	0	0	0	0	8	10	18
75 to 84	13	16	0	0	0	0	0	0	13	16	29
85+	10	45	0	0	0	0	0	0	10	45	55
TOTALS	38	79	0	0	0	0	0	0	38	79	117

Shawnee Christian Village
1901 N. 13th St
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	17	87	0	4	9	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	17	87	0	4	9	0	117

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	114	0	0	0	114
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	117	0	0	0	117
Ethnicity Unknown	0	0	0	0	0
Total	117	0	0	0	117

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	13.40
Certified Aides	40.20
Other Health Staff	6.40
Non-Health Staff	42.50
Totals	112.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.4%	41.9%	0.7%	0.8%	9.2%	100.0%		
4,133,277	3,649,520	56,710	70,219	805,404	8,715,130	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	27
Total Admissions 2017	50
Total Discharges 2017	52
Residents on 12/31/2017	25

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	7
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	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
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	68	68	25	68	25	43	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	25	68	25	43	60	68

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	1493	6.8%	6526	26.3%	0	0	1000	0	9019	36.3%	36.3%
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	1493	6.8%	6526	26.3%	0	0	1000	0	9019	36.3%	36.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	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	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	4	2	0	0	0	0	0	0	4	2	6
85+	1	5	0	0	0	0	0	0	1	5	6
TOTALS	11	14	0	0	0	0	0	0	11	14	25

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	3	19	0	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	3	19	0	0	3	0	25

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	5.00
LPN's	5.00
Certified Aides	21.00
Other Health Staff	0.00
Non-Health Staff	19.00
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
22.4%	61.1%	0.0%	0.5%	16.0%	100.0%		
281,808	770,874	0	6,784	201,368	1,260,834	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. 62565

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
Michael Bibo
285 South Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	157
Total Discharges 2017	157
Residents on 12/31/2017	70

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	1
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	3
Other Medical Conditions	3
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	76	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	76	109	70	39	109	109

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4601	11.6%	13894	34.9%	229	19	6060	0	24803	62.3%	62.3%
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	4601	11.6%	13894	34.9%	229	19	6060	0	24803	62.3%	62.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	3	0	0	0	0	0	0	4	3	7
75 to 84	4	22	0	0	0	0	0	0	4	22	26
85+	9	27	0	0	0	0	0	0	9	27	36
TOTALS	18	52	0	0	0	0	0	0	18	52	70

Shelbyville Manor
1111 West North 12th Street
Shelbyville, IL. 62565

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	15	35	0	2	18	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	15	35	0	2	18	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.00
LPN's	7.00
Certified Aides	42.00
Other Health Staff	0.00
Non-Health Staff	24.00
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
37.1%	34.0%	0.5%	0.0%	28.4%	100.0%		
2,523,469	2,311,303	30,992	1,820	1,933,537	6,801,121	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Shelbyville Rehabiliation and Health Care Center
2116 WS 3rd Street
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/6/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	41
Total Discharges 2017	49
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	1
Mental Illness	16
Developmental Disability	0
Circulatory System	4
Respiratory System	9
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	36

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	80	80	49	80	36	44	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	36	44	12	80

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	890	20.3%	10869	37.2%	0	0	2523	0	14282	48.9%	48.9%
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	890	20.3%	10869	37.2%	0	0	2523	0	14282	48.9%	48.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	4	5	0	0	0	0	0	0	4	5	9
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	3	9	0	0	0	0	0	0	3	9	12
TOTALS	14	22	0	0	0	0	0	0	14	22	36

Shelbyville Rehabiliation and Health Care Center
2116 WS 3rd Street
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	3	29	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	3	29	0	0	4	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	5.00
Certified Aides	13.00
Other Health Staff	0.00
Non-Health Staff	20.00
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
8.0%	70.6%	0.0%	1.4%	20.1%	100.0%		
175,754	1,556,408	0	30,277	443,648	2,206,087	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 Gooding

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/28/2019

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 - 2018

Residents on 1/1/2017	21
Total Admissions 2017	7
Total Discharges 2017	9
Residents on 12/31/2017	19

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	3
Mental Illness	8
Developmental Disability	1
Circulatory System	4
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	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	31	31	21	31	19	12	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	21	31	19	12	0	31

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	6026	53.3%	1296	0	1204	0	8526	75.4%	75.4%
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%	6026	53.3%	1296	0	1204	0	8526	75.4%	75.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0
75 to 84	1	7	0	0	0	0	0	0	1	7	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

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	0	0	4	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	0	15	0	0	4	0	19

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	140	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3.00
LPN's	1.00
Certified Aides	4.00
Other Health Staff	0.00
Non-Health Staff	6.00
Totals	16.00

NET REVENUE BY PAYOR 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%	36.8%	0.0%	0.3%	58.6%	100.0%		
112,633	966,794	0	8,352	1,541,840	2,629,619	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
same as above

Registered Agent Information
Amy McCue
1513 Ronzheimer Ave
St. Charles, IL 60174

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	91
Total Admissions 2017	5
Total Discharges 2017	6
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	90
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	96	96	91	96	90	6		94
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	96	96	91	96	90	6	0	94

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			32299	94.1%	0	0	275	0	32574	93.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	32299	94.1%	0	0	275	0	32574	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	12	0	0	11	12	23
45 to 59	0	0	0	0	17	11	0	0	17	11	28
60 to 64	0	0	0	0	7	7	0	0	7	7	14
65 to 74	0	0	0	0	11	8	0	0	11	8	19
75 to 84	0	0	0	0	2	2	0	0	2	2	4
85+	0	0	0	0	2	0	0	0	2	0	2
TOTALS	0	0	0	0	50	40	0	0	50	40	90

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	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		90	0	0	0	0	90
Sheltered Care			0	0	0	0	0
TOTALS	0	90	0	0	0	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	145	145
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	85	0	85
Race Unknown	0	0	0	0	0
Total	0	0	90	0	90

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	5	0	5
Non-Hispanic	0	0	85	0	85
Ethnicity Unknown	0	0	0	0	0
Total	0	0	90	0	90

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.18
LPN's	4.60
Certified Aides	38.00
Other Health Staff	12.90
Non-Health Staff	20.48
Totals	85.16

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%	67.4%	16.6%	0.0%	15.9%	100.0%		
0	3,740,847	922,707	0	883,838	5,547,392	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sheridan Shores Care & Rehabilitation
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
Erina Wittrock

Contact Person and Telephone
Erina Wittrock
773-769-2230

Registered Agent Information
Holly Turner
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	182
Total Admissions 2017	74
Total Discharges 2017	75
Residents on 12/31/2017	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	33
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	61
Developmental Disability	0
Circulatory System	38
Respiratory System	23
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	1
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	181

Total Residents Diagnosed as Mentally Ill 178

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	191	191	186	191	191	0	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	191	0	63	191

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2001	8.7%	62197	89.2%	0	22	485	0	64705	92.8%	92.8%
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	2001	8.7%	62197	89.2%	0	22	485	0	64705	92.8%	92.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	31	20	0	0	0	0	0	0	31	20	51
60 to 64	17	16	0	0	0	0	0	0	17	16	33
65 to 74	34	26	0	0	0	0	0	0	34	26	60
75 to 84	10	14	0	0	0	0	0	0	10	14	24
85+	2	1	0	0	0	0	0	0	2	1	3
TOTALS	100	81	0	0	0	0	0	0	100	81	181

Sheridan Shores Care & Rehabilitation
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	5	176	0	0	0	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	5	176	0	0	0	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	82	0	0	0	82
Hawaiian/Pacific Isl.	0	0	0	0	0
White	84	0	0	0	84
Race Unknown	12	0	0	0	12
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	170	0	0	0	170
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	16.00
Certified Aides	44.00
Other Health Staff	25.00
Non-Health Staff	31.00
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
9.5%	89.6%	0.0%	0.0%	0.9%	100.0%		
980,467	9,205,125	0	0	89,735	10,275,327	0	0.0%

*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 x229

Registered Agent Information
India Alexis Ehioba, CEO
8350 Laramie Avenue
Skokie, IL 60077

Date Questionnaire Completed 3/15/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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	6	0	0	6	6	12

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	8
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	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%	62.1%	37.9%	0.0%	0.0%	100.0%		
0	261,571	159,729	0	0	421,300	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
Alex Tarr
708 326-2309

Registered Agent Information
CT Corporation
208 South LaSalle Street, Ste. 814
Chicago, IL 60604

Date Questionnaire Completed 3/29/2019

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 - 2018

Residents on 1/1/2017	39
Total Admissions 2017	199
Total Discharges 2017	202
Residents on 12/31/2017	36

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	5
Respiratory System	10
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	36

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	46	46	45	46	36	10	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	45	46	36	10	46	30

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	4573	27.2%	682	6.2%	0	0	9125	0	14380	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	4573	27.2%	682	6.2%	0	0	9125	0	14380	85.6%	85.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	1	4	0	0	0	0	0	0	1	4	5
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	8	28	0	0	0	0	0	0	8	28	36

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	10	2	0	0	24	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	10	2	0	0	24	0	36

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	394	311
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	0.00
Director of Nursing	1.00
Registered Nurses	10.20
LPN's	2.00
Certified Aides	19.20
Other Health Staff	8.90
Non-Health Staff	60.30
Totals	102.60

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
40.5%	1.4%	0.0%	0.7%	57.3%	100.0%		
2,454,088	86,820	0	42,003	3,471,409	6,054,320	399,000	6.6%

*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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5780	99.0%	0	0	0	0	5780	99.0%	99.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5780	99.0%	0	0	0	0	5780	99.0%	99.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	5	0	0	4	5	9
60 to 64	0	0	0	0	3	1	0	0	3	1	4
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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	136
Sheltered Care	0	0

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%	77.0%	1.4%	0.0%	21.6%	100.0%		
0	589,001	10,635	0	165,562	765,198	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 60643

Date Questionnaire Completed 3/23/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	83
Total Admissions 2017	276
Total Discharges 2017	283
Residents on 12/31/2017	76

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	6
Digestive System	7
Genitourinary System Disorders	4
Skin Disorders	4
Musculo-skeletal Disorders	10
Injuries and Poisonings	16
Other Medical Conditions	0
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	100	100	85	100	76	24	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	85	100	76	24	100	100

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	7976	21.9%	1469	4.0%	1	23	20888	0	30357	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	7976	21.9%	1469	4.0%	1	23	20888	0	30357	83.2%	83.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	5	0	0	0	0	0	0	0	5	5
75 to 84	8	8	0	0	0	0	0	0	8	8	16
85+	14	41	0	0	0	0	0	0	14	41	55
TOTALS	22	54	0	0	0	0	0	0	22	54	76

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	23	4	0	0	49	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	23	4	0	0	49	0	76

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	333	283
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	72	0	0	0	72
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	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
43.7%	4.8%	0.0%	0.8%	50.7%	100.0%		
4,805,838	531,036	0	83,080	5,570,791	10,990,745	326,000	3.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

South Elgin Rehabilitation and HCC
746 W. Spring Street
South Elgin, IL. 60177

Reference Numbers

Facility ID	6008718	
Health Service Area	008	
Planning Service Area	089	Kane
County	089	Kane County

Administrator
Steve Bennett

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/27/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	28
Total Discharges 2017	29
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	5
Circulatory System	10
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	6
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	67

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	90	90	74	90	67	23	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	74	90	67	23	14	90

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1001	19.6%	22754	69.3%	0	19	573	0	24347	74.1%	74.1%
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	1001	19.6%	22754	69.3%	0	19	573	0	24347	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	5	0	0	0	0	0	0	10	5	15
65 to 74	7	10	0	0	0	0	0	0	7	10	17
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	8	3	0	0	0	0	0	0	8	3	11
TOTALS	39	28	0	0	0	0	0	0	39	28	67

South Elgin Rehabilitation and HCC
746 W. Spring Street
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	3	63	0	0	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	3	63	0	0	1	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	268	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	58	0	0	0	58
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	0.00
Director of Nursing	1.00
Registered Nurses	11.00
LPN's	6.00
Certified Aides	23.50
Other Health Staff	15.50
Non-Health Staff	0.00
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
1.8%	94.0%	0.0%	0.1%	4.0%	100.0%		
69,318	3,569,008	0	5,506	153,425	3,797,257	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

South Holland Manor Health & Rehab
2145 E. 170th Street
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
Pamela Chappell
708-895-3255

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	123
Total Admissions 2017	39
Total Discharges 2017	49
Residents on 12/31/2017	113

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	35
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	4
Skin Disorders	7
Musculo-skeletal Disorders	16
Injuries and Poisonings	10
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	113

Total Residents Diagnosed as Mentally Ill 3

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	216	206	148	206	113	103	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	206	148	206	113	103	200	162

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1757	2.4%	4571	7.7%	0	586	236	0	7150	9.1%	9.5%
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	1757	2.4%	4571	7.7%	0	586	236	0	7150	9.1%	9.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	11	4	0	0	0	0	0	0	11	4	15
60 to 64	9	5	0	0	0	0	0	0	9	5	14
65 to 74	4	14	0	0	0	0	0	0	4	14	18
75 to 84	14	20	0	0	0	0	0	0	14	20	34
85+	7	23	0	0	0	0	0	0	7	23	30
TOTALS	47	66	0	0	0	0	0	0	47	66	113

South Holland Manor Health & Rehab
2145 E. 170th Street
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	72	0	8	5	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	28	72	0	8	5	0	113

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	340	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	77	0	0	0	77
Hawaiian/Pacific Isl.	0	0	0	0	0
White	36	0	0	0	36
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	4	0	0	0	4
Non-Hispanic	109	0	0	0	109
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	17.16
LPN's	23.58
Certified Aides	49.17
Other Health Staff	20.13
Non-Health Staff	41.33
Totals	153.37

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
42.3%	44.3%	0.0%	10.0%	3.3%	100.0%		
816,938	855,513	0	193,529	63,294	1,929,274	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

South Suburban Rehab Center
19000 S Halsted
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
Jeremy Boshes

Contact Person and Telephone
Jeremy Boshes
708-957-9200

Registered Agent Information
David Aronin
2201 W Main St
Evanston, IL 60202

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	152
Total Admissions 2017	171
Total Discharges 2017	161
Residents on 12/31/2017	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	11
Endocrine/Metabolic	27
Blood Disorders	8
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	13
Developmental Disability	0
Circulatory System	61
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	18
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	162

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	259	204	171	204	162	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	259	204	171	204	162	97		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3462	0.0%	52137	0.0%	0	690	2478	0	58767	62.2%	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	3462	0.0%	52137	0.0%	0	690	2478	0	58767	62.2%	78.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	11	10	0	0	0	0	0	0	11	10	21
60 to 64	11	11	0	0	0	0	0	0	11	11	22
65 to 74	19	23	0	0	0	0	0	0	19	23	42
75 to 84	22	28	0	0	0	0	0	0	22	28	50
85+	10	17	0	0	0	0	0	0	10	17	27
TOTALS	73	89	0	0	0	0	0	0	73	89	162

South Suburban Rehab Center
19000 S Halsted
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	148	0	1	5	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	8	148	0	1	5	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	113	0	0	0	113
Hawaiian/Pacific Isl.	3	0	0	0	3
White	46	0	0	0	46
Race Unknown	0	0	0	0	0
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	152	0	0	0	152
Ethnicity Unknown	5	0	0	0	5
Total	162	0	0	0	162

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	25.00
LPN's	24.00
Certified Aides	63.00
Other Health Staff	0.00
Non-Health Staff	76.00
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
13.3%	80.8%	0.0%	2.4%	3.5%	100.0%		
1,454,355	8,817,091	0	257,449	380,030	10,908,925	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southgate Health Care Center
900 East 9th Street
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
900 East 9th Street
Metropolis, IL 62960

Date Questionnaire Completed 4/4/2019

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 - 2018

Residents on 1/1/2017	115
Total Admissions 2017	151
Total Discharges 2017	137
Residents on 12/31/2017	129

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	11
Mental Illness	29
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	4
Genitourinary System Disorders	7
Skin Disorders	1
Musculo-skeletal Disorders	9
Injuries and Poisonings	6
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	129

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	140	140	131	140	129	11	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	131	140	129	11	106	108

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3388	8.8%	23207	58.9%	5715	648	11949	0	44907	87.9%	87.9%
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	3388	8.8%	23207	58.9%	5715	648	11949	0	44907	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	1	0	0	0	0	0	0	0	1	1
65 to 74	13	4	0	0	0	0	0	0	13	4	17
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	17	52	0	0	0	0	0	0	17	52	69
TOTALS	45	84	0	0	0	0	0	0	45	84	129

Southgate Health Care Center
900 East 9th Street
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	66	15	0	35	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	13	66	15	0	35	0	129

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	121	0	0	0	121
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	1.00
Registered Nurses	6.00
LPN's	15.00
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	51.75
Totals	132.75

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
246.4%	0.0%	66.6%	0.0%	353.0%	666.0%		
305,140	-700,871	82,470	0	437,092	123,831	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southpoint Nursing & Rehab
1010 W. 95th St
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
Mary Ellen McDevitt

Contact Person and Telephone
Mary Ellen McDevitt
773-298-1177

Registered Agent Information
Michelle Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	179
Total Admissions 2017	375
Total Discharges 2017	378
Residents on 12/31/2017	176

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	4
Mental Illness	25
Developmental Disability	1
Circulatory System	5
Respiratory System	0
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	102
Non-Medical Conditions	0
TOTALS	176

Total Residents Diagnosed as Mentally Ill 120

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	188	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	188	228	176	52	228	228

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2008	2.4%	59789	71.8%	0	244	12	0	62053	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	2008	2.4%	59789	71.8%	0	244	12	0	62053	74.6%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	27	20	0	0	0	0	0	0	27	20	47
60 to 64	16	10	0	0	0	0	0	0	16	10	26
65 to 74	25	13	0	0	0	0	0	0	25	13	38
75 to 84	12	19	0	0	0	0	0	0	12	19	31
85+	2	19	0	0	0	0	0	0	2	19	21
TOTALS	89	87	0	0	0	0	0	0	89	87	176

Southpoint Nursing & Rehab
1010 W. 95th St
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	9	167	0	0	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	9	167	0	0	0	0	176

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	166	0	0	0	166
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	3	0	0	0	3
Total	176	0	0	0	176

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	174	0	0	0	174
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	6.00
LPN's	34.00
Certified Aides	56.00
Other Health Staff	4.00
Non-Health Staff	50.00
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
8.7%	90.9%	0.0%	1.0%	0.0%	100.6%		
1,192,686	12,392,237	0	138,520	-83,405	13,640,038	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Southview Manor
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 4/29/2019

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 - 2018

Residents on 1/1/2017	173
Total Admissions 2017	128
Total Discharges 2017	133
Residents on 12/31/2017	168

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	135
Developmental Disability	0
Circulatory System	15
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	1
TOTALS	168

Total Residents Diagnosed as Mentally Ill 135

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	200	0	0	200	168	32	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	168	32	42	200

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	167	0.2%	1	0	0	0	168	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%	167	0.2%	1	0	0	0	168	0.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	23	14	0	0	0	0	0	0	23	14	37
45 to 59	48	24	0	0	0	0	0	0	48	24	72
60 to 64	25	8	0	0	0	0	0	0	25	8	33
65 to 74	10	9	0	0	0	0	0	0	10	9	19
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	111	57	0	0	0	0	0	0	111	57	168

Southview Manor
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	167	0	0	1	0	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	167	0	0	1	0	0	168

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	144	0	0	0	144
Hawaiian/Pacific Isl.	0	0	0	0	0
White	24	0	0	0	24
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	8	0	0	0	8
Non-Hispanic	160	0	0	0	160
Ethnicity Unknown	0	0	0	0	0
Total	168	0	0	0	168

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	26.00
Certified Aides	48.00
Other Health Staff	8.00
Non-Health Staff	94.00
Totals	184.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
3.8%	95.6%	0.6%	0.0%	0.0%	100.0%		
324,250	8,123,135	48,998	0	0	8,496,383	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sparta Terrace
1501 Melmar Drive
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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5431	93.0%	0	0	0	0	5431	93.0%	93.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5431	93.0%	0	0	0	0	5431	93.0%	93.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	1	0	0	3	1	4
60 to 64	0	0	0	0	2	1	0	0	2	1	3
65 to 74	0	0	0	0	2	2	0	0	2	2	4
75 to 84	0	0	0	0	0	1	0	0	0	1	1
85+	0	0	0	0	0	1	0	0	0	1	1
TOTALS	0	0	0	0	7	7	0	0	7	7	14

Sparta Terrace
1501 Melmar Drive
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.33
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.33
LPN's	0.00
Certified Aides	
Other Health Staff	7.00
Non-Health Staff	0.33
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%	74.2%	0.0%	0.0%	25.8%	100.0%		
0	461,533	0	0	160,725	622,258	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 Moore

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL 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	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	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

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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	87.8%	0.5%	0.0%	11.8%	100.0%		
0	379,650	2,004	0	50,988	432,642	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. 60432

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 3/22/2019

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 - 2018

Residents on 1/1/2017	79
Total Admissions 2017	131
Total Discharges 2017	119
Residents on 12/31/2017	91

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	47
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	2
Circulatory System	5
Respiratory System	12
Digestive System	4
Genitourinary System Disorders	0
Skin Disorders	6
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	91

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	456	0.7%	172	0.3%	176	523	146	0	1473	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	456	0.7%	172	0.3%	176	523	146	0	1473	2.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	6	3	0	0	0	0	0	0	6	3	9
60 to 64	4	9	0	0	0	0	0	0	4	9	13
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	19	9	0	0	0	0	0	0	19	9	28
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	46	46	0	0	0	0	0	0	46	46	92

Spring Creek Nursing and Rehab
777 Draper Avenue
Joliet, IL. 60432

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	44	0	28	7	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	12	44	0	28	7	0	91

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	22	0	0	0	22
Hawaiian/Pacific Isl.	0	0	0	0	0
White	63	0	0	0	63
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	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	5.00
Director of Nursing	1.00
Registered Nurses	18.32
LPN's	31.18
Certified Aides	57.40
Other Health Staff	22.32
Non-Health Staff	62.28
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
33.5%	52.6%	1.8%	2.8%	9.4%	100.0%		
2,436,088	3,827,904	128,738	204,748	680,913	7,278,391	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 3/6/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	300	150
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	0.0%	0.0%	13.4%	100.0%		
0	927,455	0	0	143,964	1,071,419	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 vonYeast

Contact Person and Telephone
Tammy vonYeast
618-233-2095

Registered Agent Information
Patrick Mathis
23 Public Square #300
Belleville, IL 62220

Date Questionnaire Completed 4/11/2019

Continuing Care Retirement Community

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	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	114
Total Admissions 2017	184
Total Discharges 2017	198
Residents on 12/31/2017	100

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	9
Mental Illness	19
Developmental Disability	0
Circulatory System	21
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	1
Musculo-skeletal Disorders	12
Injuries and Poisonings	6
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	100

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	108	108	83	108	83	25	90	42
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	26	126	17	26	17	9		
TOTAL BEDS	134	234	100	134	100	34	90	42

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	5799	17.7%	9283	60.6%	0	523	13941	38	29584	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	5806	0	5806	61.2%	12.6%
TOTALS	5799	17.7%	9283	60.6%	0	523	19747	38	35390	72.4%	41.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	3	0	0	0	0	0	0	3	3	6
75 to 84	3	10	0	0	0	0	1	2	4	12	16
85+	10	54	0	0	0	0	7	7	17	61	78
TOTALS	16	67	0	0	0	0	8	9	24	76	100

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	15	26	0	2	40	0	83
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	15	26	0	2	57	0	100

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	79	0	0	17	96
Race Unknown	0	0	0	0	0
Total	83	0	0	17	100

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	83	0	0	17	100
Ethnicity Unknown	0	0	0	0	0
Total	83	0	0	17	100

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	18.00
Certified Aides	54.00
Other Health Staff	3.00
Non-Health Staff	50.00
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
37.3%	10.8%	0.0%	52.0%	0.0%	100.0%		
3,889,263	1,121,309	0	5,419,886	0	10,430,458	8,286	0.1%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St Pauls House
3800 N California Ave.
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 Dr. Suite 2600
Chicago, IL 60606

Date Questionnaire Completed 4/1/2019

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 - 2018

Residents on 1/1/2017	125
Total Admissions 2017	647
Total Discharges 2017	650
Residents on 12/31/2017	122

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	3
Respiratory System	2
Digestive System	11
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	12
Other Medical Conditions	23
Non-Medical Conditions	3
TOTALS	81

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	89	96	80	30	110	49
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	61	52	45	52	41	20		
TOTAL BEDS	171	152	134	148	121	50	110	49

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4867	12.1%	10504	58.7%	0	4467	9738	4	29580	73.7%	81.0%
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	12092	2698	14790	66.4%	77.9%
TOTALS	4867	12.1%	10504	58.7%	0	4467	21830	2702	44370	71.1%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	4	1	5
60 to 64	0	3	0	0	0	0	1	0	1	3	4
65 to 74	10	6	0	0	0	0	1	2	11	8	19
75 to 84	8	17	0	0	0	0	4	6	12	23	35
85+	9	23	0	0	0	0	10	16	19	39	58
TOTALS	30	50	0	0	0	0	17	24	47	74	121

St Pauls House
3800 N California Ave.
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	34	0	12	22	0	80
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	34	7	41
TOTALS	12	34	0	12	56	7	121

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	384	347
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	171	108

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	5	0	0	3	8
American Indian	0	0	0	0	0
Black	5	0	0	2	7
Hawaiian/Pacific Isl.	0	0	0	0	0
White	60	0	0	35	95
Race Unknown	10	0	0	1	11
Total	80	0	0	41	121

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	9	0	0	0	9
Non-Hispanic	70	0	0	40	110
Ethnicity Unknown	1	0	0	1	2
Total	80	0	0	41	121

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.80
LPN's	9.60
Certified Aides	49.10
Other Health Staff	3.00
Non-Health Staff	55.60
Totals	141.10

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
26.6%	9.8%	0.0%	17.9%	45.7%	100.0%		
3,439,091	1,265,213	0	2,318,391	5,915,143	12,937,838	462,589	3.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Anthony's Nursing and Rehabilitation
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
Charles Sheets
150 N Riverside Pl. Suite 3000
Chicago, IL 60601

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	108
Total Admissions 2017	93
Total Discharges 2017	104
Residents on 12/31/2017	97

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	28
Mental Illness	6
Developmental Disability	1
Circulatory System	8
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	0
Other Medical Conditions	34
Non-Medical Conditions	0
TOTALS	97

Total Residents Diagnosed as Mentally Ill 20

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	109	126	97	33	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	109	126	97	33	52	130

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	18.2%	28526	60.1%	227	0	4554	0	36770	77.5%	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	3463	18.2%	28526	60.1%	227	0	4554	0	36770	77.5%	80.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	0	0	0	0	0	0	1	2	3
60 to 64	6	5	0	0	0	0	0	0	6	5	11
65 to 74	13	22	0	0	0	0	0	0	13	22	35
75 to 84	12	27	0	0	0	0	0	0	12	27	39
85+	5	3	0	0	0	0	0	0	5	3	8
TOTALS	37	60	0	0	0	0	0	0	37	60	97

St. Anthony's Nursing and Rehabilitation
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	7	66	0	3	21	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	7	66	0	3	21	0	97

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	179	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	54	0	0	0	54
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	7	0	0	0	7
Non-Hispanic	90	0	0	0	90
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	2.60
LPN's	17.20
Certified Aides	38.60
Other Health Staff	0.00
Non-Health Staff	26.40
Totals	86.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
23.5%	66.0%	0.0%	5.4%	5.1%	100.0%		
1,683,365	4,721,498	0	386,190	366,631	7,157,684	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. Clara's Rehab & Senior Care
1450 Castle Manor Drive
Lincoln, IL. 62656

Reference Numbers

Facility ID	6008890	
Health Service Area	003	
Planning Service Area	107	Logan
County	107	Logan County

Administrator
Gail McGinnis

Contact Person and Telephone
Gail McGinnis
217-735-1507 x1021

Registered Agent Information
E. Zachary Dinardo
1 North Old State Capital Plaza Suite 200 P. O. Box 5131
Springfield, IL 62705

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	140
Total Discharges 2017	124
Residents on 12/31/2017	86

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	8
Alzheimer Disease	5
Mental Illness	34
Developmental Disability	0
Circulatory System	10
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	3
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	86

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	106	102	86	102	86	20	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	106	102	86	102	86	20	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2023	0.0%	16357	0.0%	0	0	9993	0	28373	73.3%	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	2023	0.0%	16357	0.0%	0	0	9993	0	28373	73.3%	76.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	7	0	0	0	0	0	0	1	7	8
75 to 84	7	18	0	0	0	0	0	0	7	18	25
85+	11	38	0	0	0	0	0	0	11	38	49
TOTALS	20	66	0	0	0	0	0	0	20	66	86

St. Clara's Rehab & Senior Care
1450 Castle Manor Drive
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	5	53	0	0	28	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	5	53	0	0	28	0	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	5.65
LPN's	12.06
Certified Aides	34.28
Other Health Staff	0.00
Non-Health Staff	22.06
Totals	76.05

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
21.9%	39.0%	0.0%	0.0%	39.2%	100.0%		
1,295,037	2,307,236	0	0	2,318,488	5,920,761	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

St. James Rehab and Villas
1251 East Richton Rd
Crete, IL. 60417

Reference Numbers

Facility ID	6010664	
Health Service Area	009	
Planning Service Area	197	Will
County	197	Will County

Administrator
Robert Petty

Contact Person and Telephone
Robert Petty
708-367-4410

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60202

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	269
Total Discharges 2017	268
Residents on 12/31/2017	89

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	0
Circulatory System	26
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	18
Non-Medical Conditions	7
TOTALS	89

Total Residents Diagnosed as Mentally Ill 67

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	110	0	0	0	89	21	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	0	89	21	110	110

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9026	22.5%	20952	52.2%	0	0	4611	0	34589	86.1%	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	9026	22.5%	20952	52.2%	0	0	4611	0	34589	86.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	4	2	6
60 to 64	1	2	0	0	0	0	0	0	1	2	3
65 to 74	7	5	0	0	0	0	0	0	7	5	12
75 to 84	14	22	0	0	0	0	0	0	14	22	36
85+	7	25	0	0	0	0	0	0	7	25	32
TOTALS	33	56	0	0	0	0	0	0	33	56	89

St. James Rehab and Villas
1251 East 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	14	22	39	0	14	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	14	22	39	0	14	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	290	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	34	0	0	0	34
Hawaiian/Pacific Isl.	0	0	0	0	0
White	52	0	0	0	52
Race Unknown	3	0	0	0	3
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	2	0	0	0	2
Ethnicity Unknown	87	0	0	0	87
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	5.22
LPN's	13.04
Certified Aides	37.91
Other Health Staff	33.16
Non-Health Staff	9.48
Totals	100.81

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
37.7%	38.3%	3.5%	9.3%	11.2%	100.0%		
3,223,173	3,277,241	295,900	795,080	961,301	8,552,695	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 3/28/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	52
Total Discharges 2017	44
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	12
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	10
Other Medical Conditions	2
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	93	93	81	93	77	16	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	77	16	93	55

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1590	4.7%	14981	74.6%	0	0	10889	0	27460	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	1590	4.7%	14981	74.6%	0	0	10889	0	27460	80.9%	80.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	9	41	0	0	0	0	0	0	9	41	50
TOTALS	22	55	0	0	0	0	0	0	22	55	77

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	41	0	1	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	6	41	0	1	29	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	2	0	0	0	2
Non-Hispanic	75	0	0	0	75
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	8.00
Certified Aides	32.00
Other Health Staff	5.00
Non-Health Staff	37.00
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
26.2%	34.3%	0.0%	0.0%	39.5%	100.0%		
1,385,744	1,811,590	0	0	2,083,452	5,280,786	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 R. Celerio

Contact Person and Telephone
Brian R. Celerio
773-328-5501

Registered Agent Information
C.T Corporation System
208 South LaSalle Street, Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	51
Total Admissions 2017	192
Total Discharges 2017	197
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	16
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

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	54	54	46	54	46	8	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	46	54	46	8	54	11

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5154	26.1%	3328	82.9%	0	876	7871	0	17229	87.4%	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	5154	26.1%	3328	82.9%	0	876	7871	0	17229	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	12	0	0	0	0	0	0	6	12	18
85+	9	16	0	0	0	0	0	0	9	16	25
TOTALS	17	29	0	0	0	0	0	0	17	29	46

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	8	0	2	24	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	8	0	2	24	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	386	343
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	11	0	0	0	11
Non-Hispanic	35	0	0	0	35
Ethnicity Unknown	0	0	0	0	0
Total	46	0	0	0	46

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.85
LPN's	2.28
Certified Aides	32.29
Other Health Staff	31.13
Non-Health Staff	0.00
Totals	81.55

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
43.3%	5.8%	0.0%	6.1%	44.8%	100.0%		
3,034,412	403,236	0	426,120	3,141,118	7,004,886	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 4/4/2019

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 - 2018

Residents on 1/1/2017	57
Total Admissions 2017	8
Total Discharges 2017	8
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	13
Respiratory System	9
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	3
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	59	0	59	57	2	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	59	0	59	57	2	0	59

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10006	0.0%	4887	22.7%	2395	0	3347	0	20635	95.8%	95.8%
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	10006	0.0%	4887	22.7%	2395	0	3347	0	20635	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
85+	3	45	0	0	0	0	0	0	3	45	48
TOTALS	7	50	0	0	0	0	0	0	7	50	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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	25	12	13	0	7	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	25	12	13	0	7	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	55	0	0	0	55
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	2	0	0	0	2
Ethnicity Unknown	55	0	0	0	55
Total	57	0	0	0	57

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.00
Physicians	0.00
Director of Nursing	0.85
Registered Nurses	8.03
LPN's	5.60
Certified Aides	22.19
Other Health Staff	0.79
Non-Health Staff	34.01
Totals	71.47

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
47.0%	22.8%	11.2%	0.0%	19.0%	100.0%		
1,322,644	642,894	314,239	0	535,520	2,815,297	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 South Sixth Street Road
Springfield, IL. 62703

Reference Numbers

Facility ID	6008965	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Maxine Bergman

Contact Person and Telephone
Sister Holly Schultz
217 529-5596

Registered Agent Information
Sister Kathleen Ann Mourisse
2408 West Heading Avenue
West Peoria, IL 61604

Date Questionnaire Completed 4/22/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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 - 2018

Residents on 1/1/2017	78
Total Admissions 2017	38
Total Discharges 2017	50
Residents on 12/31/2017	66

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	29
Mental Illness	4
Developmental Disability	1
Circulatory System	5
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	66

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	74	0	0	71	57	17	0	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	10	0	0	10	9	1		
TOTAL BEDS	84	0	0	81	66	18	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	21947	0	21947	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	3758	0	3758	103.0%	0.0%
TOTALS	0	0.0%	0	0.0%	0	0	25705	0	25705	83.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	2	2	4
75 to 84	6	7	0	0	0	0	0	3	6	10	16
85+	7	32	0	0	0	0	1	4	8	36	44
TOTALS	15	42	0	0	0	0	1	8	16	50	66

St. Joseph's Home of Springfield
3306 South Sixth 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	57	0	57
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	0	0	0	0	66	0	66

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	238
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	167

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	0	0	0	0	0
Total	1	0	0	0	1

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	6.30
LPN's	13.20
Certified Aides	35.20
Other Health Staff	1.00
Non-Health Staff	42.20
Totals	99.90

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%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	6,734,852	6,734,852	578,280	8.6%

*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
Jennifer Cronin
630-753-1513

Registered Agent Information
St. Patrick's Residence
1400 Brookdale Road
Naperville, IL 60563

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	174
Total Admissions 2017	469
Total Discharges 2017	473
Residents on 12/31/2017	170

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	18
Alzheimer Disease	17
Mental Illness	41
Developmental Disability	0
Circulatory System	38
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	6
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	11
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	170

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	209	193	187	193	170	39	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	193	187	193	170	40	206	209

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3982	5.3%	36438	47.8%	0	1897	21819	0	64136	84.1%	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	3982	5.3%	36438	47.8%	0	1897	21819	0	64136	83.7%	91.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
75 to 84	7	30	0	0	0	0	0	0	7	30	37
85+	21	94	0	0	0	0	0	0	21	94	115
TOTALS	34	136	0	0	0	0	0	0	34	136	170

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	98	0	2	61	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	98	0	2	61	0	170

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	307	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	166	0	0	0	166
Race Unknown	0	0	0	0	0
Total	170	0	0	0	170

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	164	0	0	0	164
Ethnicity Unknown	0	0	0	0	0
Total	170	0	0	0	170

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	36.25
LPN's	13.11
Certified Aides	67.99
Other Health Staff	0.00
Non-Health Staff	64.40
Totals	184.75

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
21.5%	40.9%	0.0%	0.3%	37.3%	100.0%		
3,321,206	6,329,717	0	53,494	5,764,944	15,469,361	0	0.0%

*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
Danielle Boeding

Contact Person and Telephone
Christopher A. Reis
217-228-1950

Registered Agent Information
Giffin Winning Cohen & Bodewes, Attn:
1 W. Old State Capitol Plaza, #600
Springfield, IL 62701

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	113
Total Discharges 2017	115
Residents on 12/31/2017	73

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	3
Alzheimer Disease	11
Mental Illness	6
Developmental Disability	0
Circulatory System	18
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	73

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	90	80	80	73	73	17	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	80	80	73	73	17	90	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3137	9.5%	15634	0.0%	0	0	8009	0	26780	81.5%	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	3137	9.5%	15634	0.0%	0	0	8009	0	26780	81.5%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	11	0	0	0	0	0	0	5	11	16
75 to 84	2	19	0	0	0	0	0	0	2	19	21
85+	5	29	0	0	0	0	0	0	5	29	34
TOTALS	12	61	0	0	0	0	0	0	12	61	73

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	8	39	0	0	26	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	8	39	0	0	26	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	195
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	8	0	0	0	8
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	65	0	0	0	65
Ethnicity Unknown	8	0	0	0	8
Total	73	0	0	0	73

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.10
Director of Nursing	1.00
Registered Nurses	8.51
LPN's	9.53
Certified Aides	25.71
Other Health Staff	2.80
Non-Health Staff	29.65
Totals	78.30

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
28.0%	37.7%	0.0%	0.0%	34.3%	100.0%		
1,469,107	1,974,473	0	0	1,796,866	5,240,446	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 4/4/2019

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 - 2018

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 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	6	0		6
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	6	6	6	6	6	0	0	6

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			2172	99.2%	0	0	0	0	2172	99.2%	99.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	2172	99.2%	0	0	0	0	2172	99.2%	99.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	91.3%	0.9%	0.0%	7.8%	100.0%		
0	410,124	3,894	0	35,030	449,048	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stearns Nursing and Rehabilitation Center
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
Teresa Rixie

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 4/18/2019

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 - 2018

Residents on 1/1/2017	100
Total Admissions 2017	161
Total Discharges 2017	155
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	16
Blood Disorders	1
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	31
Developmental Disability	1
Circulatory System	24
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	4
TOTALS	106

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	109	109	106	109	106	3	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	106	3	109	109

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3623	9.1%	24916	62.6%	3900	3	4227	0	36669	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	3623	9.1%	24916	62.6%	3900	3	4227	0	36669	92.2%	92.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	6	0	0	0	0	0	0	6	6	12
60 to 64	5	3	0	0	0	0	0	0	5	3	8
65 to 74	11	10	0	0	0	0	0	0	11	10	21
75 to 84	2	17	0	0	0	0	0	0	2	17	19
85+	12	33	0	0	0	0	0	0	12	33	45
TOTALS	36	70	0	0	0	0	0	0	36	70	106

Stearns Nursing and Rehabilitation Center
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	10	75	5	4	12	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	75	5	4	12	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	209	166
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	87	0	0	0	87
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	1	0	0	0	1
Non-Hispanic	105	0	0	0	105
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	3.72
LPN's	15.44
Certified Aides	32.85
Other Health Staff	29.84
Non-Health Staff	0.00
Totals	83.85

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
26.3%	51.2%	5.8%	5.8%	10.9%	100.0%		
1,702,068	3,319,350	374,402	376,547	709,459	6,481,826	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sterling Pavilion, LTD
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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

Sterling Pavilion, LTD
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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.

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
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5642	96.6%	0	0	0	0	5642	96.6%	96.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5642	96.6%	0	0	0	0	5642	96.6%	96.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	3	2	5
60 to 64	0	0	0	0	1	0	0	0	1	0	1
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	146
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	82.8%	1.6%	0.0%	15.5%	100.0%		
0	632,648	12,545	0	118,707	763,900	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5733	98.2%	0	0	0	0	5733	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5733	98.2%	0	0	0	0	5733	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	1	1	2
60 to 64	0	0	0	0	2	1	0	0	2	1	3
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	7	0	0	8	7	15

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	84.4%	1.5%	0.0%	14.1%	100.0%		
0	617,467	10,939	0	102,994	731,400	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Stonebridge Nursing and Rehabilitation Center
902 S. McLeansboro Street
Benton, IL. 62812

Reference Numbers

Facility ID	6008494	
Health Service Area	005	
Planning Service Area	055	Franklin
County	055	Franklin County

Administrator
Kelly Bishop

Contact Person and Telephone
Kelly Bishop
618-439-4501

Registered Agent Information
Scott Stout, CEO-WLC Management Fir
215 E. Locust Street
Harrisburg, IL 62946

Date Questionnaire Completed 5/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	82
Total Discharges 2017	92
Residents on 12/31/2017	44

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	2
*Nervous System Non Alzheimer	2
Alzheimer Disease	30
Mental Illness	0
Developmental Disability	0
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	5
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	80	80	54	80	54	26	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	54	80	54	26	15	80

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2784	50.8%	10437	35.7%	0	0	4241	0	17462	59.8%	59.8%
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	2784	50.8%	10437	35.7%	0	0	4241	0	17462	59.8%	59.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	2	0	0	0	0	0	0	2	2	4
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	16	0	0	0	0	0	0	4	16	20
85+	3	16	0	0	0	0	0	0	3	16	19
TOTALS	14	40	0	0	0	0	0	0	14	40	54

Stonebridge Nursing and Rehabilitation Center
902 S. 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	28	3	1	10	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	12	28	3	1	10	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	6.51
LPN's	2.00
Certified Aides	18.24
Other Health Staff	1.00
Non-Health Staff	17.88
Totals	47.63

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
42.7%	43.9%	0.0%	0.4%	13.1%	100.0%		
1,494,104	1,536,615	0	12,438	459,293	3,502,450	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
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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	0	0	0	16		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	0	16	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	124	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	73.6%	1.7%	0.0%	24.7%	100.0%		
0	517,410	12,078	0	173,294	702,782	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
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	52
Total Admissions 2017	108
Total Discharges 2017	82
Residents on 12/31/2017	78

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	13
Blood Disorders	0
*Nervous System Non Alzheimer	38
Alzheimer Disease	4
Mental Illness	1
Developmental Disability	2
Circulatory System	8
Respiratory System	2
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	78

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	123	123	78	123	78	45	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	78	123	78	45	123	123

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	54	0.1%	0	0	13	0	78	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%	54	0.1%	0	0	13	0	78	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	8	6	0	0	0	0	0	0	8	6	14
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	11	7	0	0	0	0	0	0	11	7	18
75 to 84	7	9	0	0	0	0	0	0	7	9	16
85+	5	12	0	0	0	0	0	0	5	12	17
TOTALS	37	41	0	0	0	0	0	0	37	41	78

Sullivan Rehabilitation and Health Care Center
11 Hawthorne
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	54	0	0	13	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	54	0	0	13	0	78

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	160	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	73	0	0	0	73
Race Unknown	1	0	0	0	1
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	4.00
LPN's	10.00
Certified Aides	25.00
Other Health Staff	12.00
Non-Health Staff	24.00
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
13.9%	68.7%	0.0%	0.8%	16.6%	100.0%		
451,615	2,232,760	0	24,854	539,942	3,249,171	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

Contact Person and Telephone
Sarah Yoder
217-632-2334

Registered Agent Information
Ben Hart
115 W. Jefferson Street, Suite 401
Bloomington, IL 61701

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	79
Total Admissions 2017	103
Total Discharges 2017	100
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	14
Mental Illness	17
Developmental Disability	1
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	14
Non-Medical Conditions	0
TOTALS	82

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	106	99	96	99	82	24	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	96	99	82	24	106	106

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	6.1%	16585	42.9%	0	0	11821	0	30762	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	2356	6.1%	16585	42.9%	0	0	11821	0	30762	79.5%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	0	2	2
65 to 74	3	8	0	0	0	0	0	0	3	8	11
75 to 84	6	17	0	0	0	0	0	0	6	17	23
85+	10	32	0	0	0	0	0	0	10	32	42
TOTALS	22	60	0	0	0	0	0	0	22	60	82

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	46	0	0	25	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	11	46	0	0	25	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	6.50
LPN's	12.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	37.00
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
29.8%	38.7%	0.0%	0.0%	31.5%	100.0%		
2,074,705	2,689,180	0	0	2,188,013	6,951,898	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 x8650

Registered Agent Information

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	149
Total Admissions 2017	74
Total Discharges 2017	69
Residents on 12/31/2017	154

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	1
*Nervous System Non Alzheimer	26
Alzheimer Disease	4
Mental Illness	6
Developmental Disability	0
Circulatory System	71
Respiratory System	13
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	18
Injuries and Poisonings	3
Other Medical Conditions	4
Non-Medical Conditions	2
TOTALS	154

Total Residents Diagnosed as Mentally Ill 113

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	154	3	157	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	157	157	157	157	154	3	157	157

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2899	5.1%	25527	44.5%	0	0	16995	0	45421	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	2899	5.1%	25527	44.5%	0	0	16995	0	45421	79.3%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	13	0	0	0	0	0	0	6	13	19
75 to 84	9	25	0	0	0	0	0	0	9	25	34
85+	9	88	0	0	0	0	0	0	9	88	97
TOTALS	26	128	0	0	0	0	0	0	26	128	154

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	10	92	0	0	52	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	10	92	0	0	52	0	154

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	142	0	0	0	142
Race Unknown	0	0	0	0	0
Total	154	0	0	0	154

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	6	0	0	0	6
Non-Hispanic	148	0	0	0	148
Ethnicity Unknown	0	0	0	0	0
Total	154	0	0	0	154

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	24.62
LPN's	23.13
Certified Aides	60.17
Other Health Staff	4.00
Non-Health Staff	55.55
Totals	170.47

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%	0.0%	0.0%	0.0%	0.0%	0.0%		
-363,849	-3,845,821	0	0	-528,153	-4,737,823	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 Rehabalitation Center
333 S. Wrightsman St.
Virden, IL. 62690

Reference Numbers

Facility ID	6009294	
Health Service Area	003	
Planning Service Area	117	Macoupin
County	117	Macoupin County

Administrator
John Hurley

Contact Person and Telephone
Angie Moore
217-965-4715

Registered Agent Information
Kathleen L. Pine
2015 W. Main St. Suite 111
Carbondale, IL 62901

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	56
Total Admissions 2017	74
Total Discharges 2017	61
Residents on 12/31/2017	69

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	17
Developmental Disability	0
Circulatory System	14
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	69

Total Residents Diagnosed as Mentally Ill 52

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	69	30	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	69	30	39	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1811	12.7%	12839	35.5%	1396	295	5445	0	21786	60.3%	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	1811	12.7%	12839	35.5%	1396	295	5445	0	21786	60.3%	76.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	15	0	0	0	0	0	0	7	15	22
85+	12	27	0	0	0	0	0	0	12	27	39
TOTALS	21	48	0	0	0	0	0	0	21	48	69

Sunrise Skilled Nursing and Rehabalitation Center
333 S. Wrightsman St.
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	10	42	0	1	16	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	10	42	0	1	16	0	69

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	169
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	4.00
LPN's	8.00
Certified Aides	24.00
Other Health Staff	0.00
Non-Health Staff	14.00
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
30.8%	39.2%	4.2%	2.7%	23.2%	100.0%		
1,213,458	1,544,130	164,540	104,786	914,557	3,941,471	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sunset Home
418 Washington Street
Quincy, IL. 62301

Reference Numbers

Facility ID	6009302	
Health Service Area	003	
Planning Service Area	001	Adams
County	001	Adams County

Administrator
Jerry Neal

Contact Person and Telephone
Pam Fessler
217-223-2636

Registered Agent Information

Date Questionnaire Completed

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 - 2018

Residents on 1/1/2017	124
Total Admissions 2017	254
Total Discharges 2017	247
Residents on 12/31/2017	131

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	11
Mental Illness	8
Developmental Disability	0
Circulatory System	31
Respiratory System	11
Digestive System	4
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	11
Injuries and Poisonings	13
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	131

Total Residents Diagnosed as Mentally Ill	53
Total Residents Reported as Identified Offenders	0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	0	182	131	51	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	0	182	131	51	182	182

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6648	10.0%	28879	43.5%	0	569	12660	0	48756	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	6648	10.0%	28879	43.5%	0	569	12660	0	48756	73.4%	73.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	10	0	0	0	0	0	0	5	10	15
75 to 84	17	22	0	0	0	0	0	0	17	22	39
85+	12	57	0	0	0	0	0	0	12	57	69
TOTALS	36	95	0	0	0	0	0	0	36	95	131

Sunset Home
418 Washington Street
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	82	0	0	34	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	82	0	0	34	0	131

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	213	191
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	123	0	0	0	123
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	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	22.00
LPN's	18.00
Certified Aides	62.00
Other Health Staff	0.00
Non-Health Staff	61.00
Totals	165.00

NET REVENUE BY PAYOR 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%	37.7%	0.0%	0.3%	29.8%	100.0%		
3,124,360	3,672,362	0	31,061	2,904,936	9,732,719	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Sunset Rehabilitation & Health Care
129 South 1st 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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/19/2019

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 - 2018

Residents on 1/1/2017	96
Total Admissions 2017	28
Total Discharges 2017	39
Residents on 12/31/2017	85

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	20
Mental Illness	12
Developmental Disability	7
Circulatory System	15
Respiratory System	5
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	5
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	85

Total Residents Diagnosed as Mentally Ill 12

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	115	115	103	115	85	30	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	103	115	85	30	25	115

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1330	14.6%	28988	69.1%	0	0	4332	0	34650	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	1330	14.6%	28988	69.1%	0	0	4332	0	34650	82.5%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	5	0	0	0	0	0	0	4	5	9
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	5	11	0	0	0	0	0	0	5	11	16
75 to 84	7	8	0	0	0	0	0	0	7	8	15
85+	9	12	0	0	0	0	0	0	9	12	21
TOTALS	36	49	0	0	0	0	0	0	36	49	85

Sunset Rehabilitation & Health Care
129 South 1st 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	2	64	0	0	19	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	2	64	0	0	19	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	162
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	9.00
LPN's	13.00
Certified Aides	48.00
Other Health Staff	0.00
Non-Health Staff	50.00
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
3.8%	78.7%	0.0%	0.8%	16.7%	100.0%		
165,546	3,448,948	0	35,119	730,456	4,380,069	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 Halberstadt

Contact Person and Telephone
Kimberly Halbertadt
217-356-5164

Registered Agent Information
CT Corporation System
208 S. LaSalle St. Ste. 814
Chicago, IL 60604

Date Questionnaire Completed 3/7/2019

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 - 2018

Residents on 1/1/2017	118
Total Admissions 2017	6
Total Discharges 2017	13
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	0
Developmental Disability	111
Circulatory System	0
Respiratory System	0
Digestive System	0
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 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	118	123	111	12		123
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	123	123	118	123	111	12	0	123

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			41328	92.1%	0	0	365	0	41693	92.9%	92.9%
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%	41328	92.1%	0	0	365	0	41693	92.9%	92.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	3	5	0	0	0	0	3	5	8
18 to 44	0	0	40	30	0	0	0	0	40	30	70
45 to 59	0	0	10	8	0	0	0	0	10	8	18
60 to 64	0	0	4	4	0	0	0	0	4	4	8
65 to 74	0	0	5	1	0	0	0	0	5	1	6
75 to 84	0	0	1	0	0	0	0	0	1	0	1
85+	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	63	48	0	0	0	0	63	48	111

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	110	0	0	1	0	111
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	110	0	0	1	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	270
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	0	81	0	0	81
Race Unknown	0	0	0	0	0
Total	0	111	0	0	111

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	8	0	0	8
Non-Hispanic	0	103	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	0	111	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	2.00
Registered Nurses	18.00
LPN's	3.00
Certified Aides	74.00
Other Health Staff	2.00
Non-Health Staff	37.00
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
0.0%	97.3%	0.0%	0.0%	2.7%	100.0%		
0	7,499,915	0	0	207,466	7,707,381	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/18/2019

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 - 2018

Residents on 1/1/2017	71
Total Admissions 2017	100
Total Discharges 2017	108
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	18
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	63

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	94	94	63	94	63	31	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	63	94	63	31	94	94

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1576	4.6%	18854	55.0%	0	0	1095	0	21525	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	1576	4.6%	18854	55.0%	0	0	1095	0	21525	62.7%	62.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	0	0	0	0	0	0	5	10	15
60 to 64	6	4	0	0	0	0	0	0	6	4	10
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	4	5	0	0	0	0	0	0	4	5	9
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	28	35	0	0	0	0	0	0	28	35	63

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	4	57	0	0	2	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	57	0	0	2	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	32	0	0	0	32
Hawaiian/Pacific Isl.	0	0	0	0	0
White	29	0	0	0	29
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	2.00
LPN's	5.00
Certified Aides	25.00
Other Health Staff	2.00
Non-Health Staff	19.00
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
4.8%	89.7%	0.0%	1.1%	4.4%	100.0%		
147,702	2,752,377	0	33,250	136,111	3,069,440	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 4/5/2019

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 - 2018

Residents on 1/1/2017	10
Total Admissions 2017	419
Total Discharges 2017	417
Residents on 12/31/2017	12

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	1
Other Medical Conditions	3
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	37	30	24	30	12	25	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	30	24	30	12	25	37	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4486	33.2%	0	0.0%	0	725	7	0	5218	38.6%	47.7%
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	4486	33.2%	0	0.0%	0	725	7	0	5218	38.6%	47.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	2	0	0	0	0	0	0	2	2	4
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	4	8	0	0	0	0	0	0	4	8	12

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	11	0	0	0	0	1	12
Skilled Under 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	0	1	12

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Race Unknown	2	0	0	0	2
Total	12	0	0	0	12

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	11	0	0	0	11
Ethnicity Unknown	0	0	0	0	0
Total	12	0	0	0	12

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	0.25
Physicians	0.03
Director of Nursing	0.45
Registered Nurses	7.36
LPN's	1.59
Certified Aides	7.22
Other Health Staff	5.94
Non-Health Staff	1.29
Totals	24.13

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
91.5%	0.0%	0.0%	8.5%	0.0%	100.0%		
2,195,213	0	0	203,561	0	2,398,774	84,676	3.5%

*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
847-745-6200

Registered Agent Information
Abraham Stern
10 S. Wabash Drive, 4th Floor
Chicago, IL 60606

Date Questionnaire Completed 4/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	171
Total Admissions 2017	954
Total Discharges 2017	931
Residents on 12/31/2017	194

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	25
Blood Disorders	5
*Nervous System Non Alzheimer	13
Alzheimer Disease	49
Mental Illness	19
Developmental Disability	0
Circulatory System	20
Respiratory System	13
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	8
Musculo-skeletal Disorders	21
Injuries and Poisonings	0
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	194

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	210	210	200	210	194	16	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	200	210	194	16	210	210

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11490	15.0%	41289	53.9%	0	11711	2472	0	66962	87.4%	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	11490	15.0%	41289	53.9%	0	11711	2472	0	66962	87.4%	87.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	6	0	0	0	0	0	0	8	6	14
65 to 74	14	18	0	0	0	0	0	0	14	18	32
75 to 84	23	35	0	0	0	0	0	0	23	35	58
85+	19	61	0	0	0	0	0	0	19	61	80
TOTALS	68	126	0	0	0	0	0	0	68	126	194

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	32	132	0	23	7	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	32	132	0	23	7	0	194

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	211	211
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	187	0	0	0	187
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	194	0	0	0	194

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	190	0	0	0	190
Ethnicity Unknown	0	0	0	0	0
Total	194	0	0	0	194

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.50
LPN's	42.50
Certified Aides	78.00
Other Health Staff	16.00
Non-Health Staff	37.50
Totals	205.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
35.6%	38.6%	0.0%	23.2%	2.6%	100.0%		
7,160,771	7,780,369	0	4,678,572	514,064	20,133,776	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 4/13/2019

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 - 2018

Residents on 1/1/2017	169
Total Admissions 2017	454
Total Discharges 2017	451
Residents on 12/31/2017	172

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	11
Alzheimer Disease	7
Mental Illness	22
Developmental Disability	0
Circulatory System	24
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	0
Other Medical Conditions	25
Non-Medical Conditions	46
TOTALS	166

Total Residents Diagnosed as Mentally Ill 22

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	189	188	189	166	32	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	189	188	189	166	32	198	198

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6420	8.9%	50519	69.9%	0	0	2735	0	59674	82.6%	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	6420	8.9%	50519	69.9%	0	0	2735	0	59674	82.6%	86.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	12	8	0	0	0	0	0	0	12	8	20
60 to 64	16	7	0	0	0	0	0	0	16	7	23
65 to 74	24	23	0	0	0	0	0	0	24	23	47
75 to 84	20	23	0	0	0	0	0	0	20	23	43
85+	6	20	0	0	0	0	0	0	6	20	26
TOTALS	85	81	0	0	0	0	0	0	85	81	166

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	19	137	0	3	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	19	137	0	3	7	0	166

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	51	0	0	0	51
Race Unknown	0	0	0	0	0
Total	166	0	0	0	166

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	12	0	0	0	12
Non-Hispanic	154	0	0	0	154
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	17.00
LPN's	30.00
Certified Aides	60.00
Other Health Staff	3.00
Non-Health Staff	47.00
Totals	159.20

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
29.8%	48.7%	0.0%	17.4%	4.0%	100.0%		
4,807,765	7,855,731	0	2,801,377	649,615	16,114,488	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
Mike Hunter

Contact Person and Telephone
Mike Hunter
773-884-0484

Registered Agent Information
Abe Stern
191 N. Wacker
Chicago, IL 60606

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	228
Total Admissions 2017	419
Total Discharges 2017	412
Residents on 12/31/2017	235

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	7
Blood Disorders	1
*Nervous System Non Alzheimer	52
Alzheimer Disease	20
Mental Illness	33
Developmental Disability	0
Circulatory System	0
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	17
Other Medical Conditions	68
Non-Medical Conditions	0
TOTALS	235

Total Residents Diagnosed as Mentally Ill 26

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	235	243	235	14	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	235	243	235	14	249	249

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4684	5.2%	57303	63.1%	0	22173	599	0	84759	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	4684	5.2%	57303	63.1%	0	22173	599	0	84759	93.3%	93.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	21	13	0	0	0	0	0	0	21	13	34
60 to 64	27	31	0	0	0	0	0	0	27	31	58
65 to 74	31	15	0	0	0	0	0	0	31	15	46
75 to 84	25	13	0	0	0	0	0	0	25	13	38
85+	12	36	0	0	0	0	0	0	12	36	48
TOTALS	122	113	0	0	0	0	0	0	122	113	235

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	15	206	13	1	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	15	206	13	1	0	0	235

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	194
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	110	0	0	0	110
Hawaiian/Pacific Isl.	3	0	0	0	3
White	50	0	0	0	50
Race Unknown	2	0	0	0	2
Total	167	0	0	0	167

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	68	0	0	0	68
Non-Hispanic	165	0	0	0	165
Ethnicity Unknown	2	0	0	0	2
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	12.00
LPN's	43.00
Certified Aides	88.00
Other Health Staff	19.00
Non-Health Staff	62.00
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
16.9%	56.5%	0.0%	26.1%	0.6%	100.0%		
3,081,648	10,326,009	0	4,762,685	102,479	18,272,821	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 Route 71
Oswego, IL. 60543

Reference Numbers

Facility ID	6009401	
Health Service Area	009	
Planning Service Area	093	Kendall
County	093	Kendall County

Administrator
Annmarie Harrington

Contact Person and Telephone
Annmarie Harrington
630-554-1001

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 67203

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	700
Total Discharges 2017	690
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	0
Blood Disorders	4
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	0
Developmental Disability	0
Circulatory System	13
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	2
Skin Disorders	2
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	6
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	105	97	77	97	77	28	105	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	105	97	77	97	77	28	105	45

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11026	28.8%	4529	27.6%	0	5118	6055	0	26728	69.7%	75.5%
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	11026	28.8%	4529	27.6%	0	5118	6055	0	26728	69.7%	75.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	2	3	5
65 to 74	3	9	0	0	0	0	0	0	3	9	12
75 to 84	4	19	0	0	0	0	0	0	4	19	23
85+	5	30	0	0	0	0	0	0	5	30	35
TOTALS	14	63	0	0	0	0	0	0	14	63	77

Symphony at the Tillers
4390 Route 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	27	18	0	12	20	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	27	18	0	12	20	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	320
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	70	0	0	0	70
Race Unknown	2	0	0	0	2
Total	77	0	0	0	77

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	75	0	0	0	75
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	17.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	28.00
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
57.4%	6.5%	0.0%	22.3%	13.7%	100.0%		
6,788,819	771,071	0	2,641,250	1,620,165	11,821,305	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony Evanston Healthcare LLC
820 Foster
Evanston, IL. 60201

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
847-492-7700

Registered Agent Information

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	91
Total Admissions 2017	457
Total Discharges 2017	444
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	36
Mental Illness	0
Developmental Disability	0
Circulatory System	11
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	9
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	104

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	158	120	113	120	104	54	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	104	54	158	125

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8164	14.2%	13828	30.3%	0	3699	11396	0	37087	64.3%	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	8164	14.2%	13828	30.3%	0	3699	11396	0	37087	64.3%	84.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	5	4	9
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	14	7	0	0	0	0	0	0	14	7	21
75 to 84	12	13	0	0	0	0	0	0	12	13	25
85+	10	34	0	0	0	0	0	0	10	34	44
TOTALS	45	59	0	0	0	0	0	0	45	59	104

Symphony Evanston Healthcare LLC
820 Foster
Evanston, IL. 60201

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	19	50	0	8	27	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	19	50	0	8	27	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	344	296
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	26	0	0	0	26
Hawaiian/Pacific Isl.	0	0	0	0	0
White	75	0	0	0	75
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	7	0	0	0	7
Non-Hispanic	97	0	0	0	97
Ethnicity Unknown	0	0	0	0	0
Total	104	0	0	0	104

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	40.50
Other Health Staff	2.50
Non-Health Staff	49.90
Totals	122.60

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
40.7%	19.5%	0.0%	12.1%	27.7%	100.0%		
5,565,134	2,657,720	0	1,656,552	3,784,642	13,664,048	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 4/12/2019

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 - 2018

Residents on 1/1/2017	257
Total Admissions 2017	458
Total Discharges 2017	443
Residents on 12/31/2017	272

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	32
Developmental Disability	0
Circulatory System	67
Respiratory System	23
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	8
Injuries and Poisonings	0
Other Medical Conditions	110
Non-Medical Conditions	0
TOTALS	272

Total Residents Diagnosed as Mentally Ill 164

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	302	296	286	296	272	30	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	272	30	302	302

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6868	6.2%	60135	54.6%	3568	25218	3700	0	99489	90.3%	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	6868	6.2%	60135	54.6%	3568	25218	3700	0	99489	90.3%	92.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	37	20	0	0	0	0	0	0	37	20	57
60 to 64	30	9	0	0	0	0	0	0	30	9	39
65 to 74	43	29	0	0	0	0	0	0	43	29	72
75 to 84	29	23	0	0	0	0	0	0	29	23	52
85+	12	31	0	0	0	0	0	0	12	31	43
TOTALS	156	116	0	0	0	0	0	0	156	116	272

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	17	48	197	5	5	0	272
Skilled Under 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	48	197	5	5	0	272

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	257	0	0	0	257
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	272	0	0	0	272

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	267	0	0	0	267
Ethnicity Unknown	0	0	0	0	0
Total	272	0	0	0	272

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	49.00
Certified Aides	79.00
Other Health Staff	9.00
Non-Health Staff	29.00
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
20.1%	49.2%	3.3%	24.3%	3.1%	100.0%		
4,231,837	10,356,149	685,832	5,111,174	653,239	21,038,231	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
Melissa Dominowski
847-465-0200

Registered Agent Information

Date Questionnaire Completed 4/2/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	149
Total Admissions 2017	514
Total Discharges 2017	522
Residents on 12/31/2017	141

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	20
Alzheimer Disease	20
Mental Illness	0
Developmental Disability	1
Circulatory System	50
Respiratory System	29
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	141

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	200	200	0	200	141	59	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	0	200	141	59	200	200

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12032	16.5%	11229	15.4%	0	2789	3738	0	29788	40.8%	40.8%
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	12032	16.5%	11229	15.4%	0	2789	3738	0	29788	40.8%	40.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	0	0	0	0	0	0	2	3	5
60 to 64	5	5	0	0	0	0	0	0	5	5	10
65 to 74	10	12	0	0	0	0	0	0	10	12	22
75 to 84	10	36	0	0	0	0	0	0	10	36	46
85+	16	41	0	0	0	0	0	0	16	41	57
TOTALS	43	98	0	0	0	0	0	0	43	98	141

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	22	95	0	9	15	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	22	95	0	9	15	0	141

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	345	295
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	130	0	0	0	130
Race Unknown	3	0	0	0	3
Total	141	0	0	0	141

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	0	0	0	0	0
Total	141	0	0	0	141

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	1.00
Director of Nursing	2.00
Registered Nurses	15.00
LPN's	16.00
Certified Aides	52.00
Other Health Staff	0.00
Non-Health Staff	65.00
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
41.5%	40.4%	0.0%	7.4%	10.6%	100.0%		
7,107,563	6,918,130	0	1,268,820	1,820,505	17,115,018	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Chicago West
5130 West Jackson Boulevard
Chicago, IL. 60644

Reference Numbers

Facility ID	6004832	
Health Service Area	006	
Planning Service Area	602	Planning Area 6-B
County	031	Area 25 - Austin

Administrator
Valerie Ortiz

Contact Person and Telephone
Valerie Ortiz
773-921-8000 x113

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/13/2019

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 - 2018

Residents on 1/1/2017	212
Total Admissions 2017	328
Total Discharges 2017	314
Residents on 12/31/2017	226

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	9
Endocrine/Metabolic	19
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	105
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	15
Skin Disorders	3
Musculo-skeletal Disorders	12
Injuries and Poisonings	7
Other Medical Conditions	22
Non-Medical Conditions	3
TOTALS	226

Total Residents Diagnosed as Mentally Ill 186

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	234	234	232	234	226	8	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	232	234	226	8	234	234

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4869	5.7%	46374	54.3%	278	28369	1119	0	81009	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	4869	5.7%	46374	54.3%	278	28369	1119	0	81009	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	32	22	0	0	0	0	0	0	32	22	54
60 to 64	32	15	0	0	0	0	0	0	32	15	47
65 to 74	34	16	0	0	0	0	0	0	34	16	50
75 to 84	14	17	0	0	0	0	0	0	14	17	31
85+	10	20	0	0	0	0	0	0	10	20	30
TOTALS	131	95	0	0	0	0	0	0	131	95	226

Symphony of Chicago West
5130 West Jackson Boulevard
Chicago, IL. 60644

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	20	202	1	0	3	0	226
Skilled Under 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	202	1	0	3	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	184	184
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	194	0	0	0	194
Hawaiian/Pacific Isl.	0	0	0	0	0
White	20	0	0	0	20
Race Unknown	11	0	0	0	11
Total	226	0	0	0	226

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	215	0	0	0	215
Ethnicity Unknown	0	0	0	0	0
Total	226	0	0	0	226

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
19.1%	47.3%	0.3%	32.1%	1.2%	100.0%		
3,298,492	8,159,328	54,842	5,532,836	208,114	17,253,612	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. 60418

Reference Numbers

Facility ID	6002265	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Bremen Township

Administrator
Matthew Gidley

Contact Person and Telephone
Matthew Gidley
708-371-0400

Registered Agent Information
Illinois Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/15/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	198
Total Admissions 2017	789
Total Discharges 2017	778
Residents on 12/31/2017	209

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	2
*Nervous System Non Alzheimer	22
Alzheimer Disease	0
Mental Illness	26
Developmental Disability	1
Circulatory System	51
Respiratory System	17
Digestive System	10
Genitourinary System Disorders	18
Skin Disorders	3
Musculo-skeletal Disorders	10
Injuries and Poisonings	10
Other Medical Conditions	32
Non-Medical Conditions	0
TOTALS	209

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	303	257	0	257	209	94	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	257	0	257	209	94	297	297

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6536	6.0%	47932	44.2%	0	19364	4614	0	78446	70.9%	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	6536	6.0%	47932	44.2%	0	19364	4614	0	78446	70.9%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	12	0	0	0	0	0	0	10	12	22
60 to 64	14	16	0	0	0	0	0	0	14	16	30
65 to 74	20	30	0	0	0	0	0	0	20	30	50
75 to 84	29	37	0	0	0	0	0	0	29	37	66
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	83	126	0	0	0	0	0	0	83	126	209

Symphony of Crestwood
14255 S Cicero Ave
Crestwood, IL. 60418

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	165	0	14	9	0	209
Skilled Under 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	165	0	14	9	0	209

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	132	0	0	0	132
Hawaiian/Pacific Isl.	0	0	0	0	0
White	76	0	0	0	76
Race Unknown	0	0	0	0	0
Total	209	0	0	0	209

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	198	0	0	0	198
Ethnicity Unknown	0	0	0	0	0
Total	209	0	0	0	209

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	34.00
Certified Aides	66.00
Other Health Staff	6.00
Non-Health Staff	17.00
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
20.0%	42.9%	0.0%	32.6%	4.6%	100.0%		
4,005,719	8,599,790	0	6,527,389	914,445	20,047,343	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Symphony of Hanover Park
2000 West 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
Alma Gatuz-Fernandez

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 4/18/2019

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 - 2018

Residents on 1/1/2017	85
Total Admissions 2017	1,005
Total Discharges 2017	1,030
Residents on 12/31/2017	60

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	0
Mental Illness	2
Developmental Disability	0
Circulatory System	13
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	11
Injuries and Poisonings	15
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	62

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	150	106	103	106	62	88	150	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	150	106	103	106	62	88	150	42

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	18422	33.6%	4355	28.4%	0	7321	581	0	30679	56.0%	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	18422	33.6%	4355	28.4%	0	7321	581	0	30679	56.0%	79.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	0	0	0	0	0	0	22	19	41
45 to 59	107	213	0	0	0	0	0	0	107	213	320
60 to 64	108	246	0	0	0	0	0	0	108	246	354
65 to 74	505	965	0	0	0	0	0	0	505	965	1470
75 to 84	669	999	0	0	0	0	0	0	669	999	1668
85+	521	999	0	0	0	0	0	0	521	999	1520
TOTALS	1932	3441	0	0	0	0	0	0	1932	3441	5373

Symphony of Hanover Park
2000 West 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	556	16	0	301	8	0	881
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	556	16	0	301	8	0	881

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	540	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	14	0	0	0	14
Hawaiian/Pacific Isl.	0	0	0	0	0
White	225	0	0	0	225
Race Unknown	6	0	0	0	6
Total	264	0	0	0	264

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	14	0	0	0	14
Non-Hispanic	258	0	0	0	258
Ethnicity Unknown	6	0	0	0	6
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	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
71.2%	5.7%	0.0%	22.0%	1.1%	100.0%		
11,065,464	892,384	0	3,426,864	165,034	15,549,746	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 4/16/2019

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 - 2018

Residents on 1/1/2017	156
Total Admissions 2017	486
Total Discharges 2017	467
Residents on 12/31/2017	175

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	13
Blood Disorders	2
*Nervous System Non Alzheimer	9
Alzheimer Disease	12
Mental Illness	44
Developmental Disability	1
Circulatory System	33
Respiratory System	20
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	2
Musculo-skeletal Disorders	21
Injuries and Poisonings	1
Other Medical Conditions	8
Non-Medical Conditions	0
TOTALS	175

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	214	183	183	192	175	39	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	183	183	192	175	39	214	214

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6429	8.2%	46010	58.9%	0	3886	6546	0	62871	80.5%	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	6429	8.2%	46010	58.9%	0	3886	6546	0	62871	80.5%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	7	9	0	0	0	0	0	0	7	9	16
65 to 74	20	20	0	0	0	0	0	0	20	20	40
75 to 84	21	31	0	0	0	0	0	0	21	31	52
85+	8	43	0	0	0	0	0	0	8	43	51
TOTALS	62	113	0	0	0	0	0	0	62	113	175

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	14	135	0	7	19	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	14	135	0	7	19	0	175

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	43	0	0	0	43
Hawaiian/Pacific Isl.	0	0	0	0	0
White	131	0	0	0	131
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	14	0	0	0	14
Non-Hispanic	161	0	0	0	161
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	25.00
LPN's	19.00
Certified Aides	73.00
Other Health Staff	6.00
Non-Health Staff	41.00
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
27.8%	54.4%	0.0%	9.8%	8.1%	100.0%		
4,258,082	8,350,986	0	1,495,774	1,235,443	15,340,285	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 Pretter

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 4/17/2019

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 - 2018

Residents on 1/1/2017	204
Total Admissions 2017	572
Total Discharges 2017	560
Residents on 12/31/2017	216

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	4
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	8
Developmental Disability	0
Circulatory System	13
Respiratory System	16
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	61
Injuries and Poisonings	10
Other Medical Conditions	90
Non-Medical Conditions	0
TOTALS	216

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	216	32	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	216	32	248	248

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11266	12.4%	60544	66.9%	473	4515	3519	0	80317	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	0	0	0	0.0%	0.0%
TOTALS	11266	12.4%	60544	66.9%	473	4515	3519	0	80317	88.7%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	8	0	0	0	0	0	0	13	8	21
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 to 74	31	13	0	0	0	0	0	0	31	13	44
75 to 84	35	27	0	0	0	0	0	0	35	27	62
85+	24	41	0	0	0	0	0	0	24	41	65
TOTALS	114	102	0	0	0	0	0	0	114	102	216

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	27	169	2	12	6	0	216
Skilled Under 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	169	2	12	6	0	216

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	316	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	78	0	0	0	78
Hawaiian/Pacific Isl.	0	0	0	0	0
White	132	0	0	0	132
Race Unknown	0	0	0	0	0
Total	216	0	0	0	216

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	39	0	0	0	39
Non-Hispanic	177	0	0	0	177
Ethnicity Unknown	0	0	0	0	0
Total	216	0	0	0	216

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	29.00
LPN's	36.00
Certified Aides	93.00
Other Health Staff	50.00
Non-Health Staff	73.00
Totals	283.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.4%	44.8%	0.0%	19.1%	3.7%	100.0%		
7,158,811	9,898,787	0	4,211,565	812,027	22,081,190	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
Nichole Cole

Contact Person and Telephone
Nichole Cole
773-928-2000

Registered Agent Information
Illinois Corporation Service Company
801 Adali Stevenson
Springfield, IL 62703

Date Questionnaire Completed 4/8/2019

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 - 2018

Residents on 1/1/2017	224
Total Admissions 2017	319
Total Discharges 2017	319
Residents on 12/31/2017	224

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	0
Mental Illness	45
Developmental Disability	0
Circulatory System	53
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	11
Skin Disorders	4
Musculo-skeletal Disorders	19
Injuries and Poisonings	6
Other Medical Conditions	19
Non-Medical Conditions	47
TOTALS	246

Total Residents Diagnosed as Mentally Ill 45

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	294	265	250	265	246	48	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	250	265	246	48	294	294

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5735	5.3%	34516	32.2%	46823	856	1787	0	89717	83.6%	92.8%
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	5735	5.3%	34516	32.2%	46823	856	1787	0	89717	83.6%	92.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	30	20	0	0	0	0	0	0	30	20	50
60 to 64	29	17	0	0	0	0	0	0	29	17	46
65 to 74	39	25	0	0	0	0	0	0	39	25	64
75 to 84	24	19	0	0	0	0	0	0	24	19	43
85+	14	28	0	0	0	0	0	0	14	28	42
TOTALS	138	111	0	0	0	0	0	0	138	111	249

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	12	99	126	2	7	0	246
Skilled Under 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	99	126	2	7	0	246

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	194	178
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	237	0	0	0	237
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
Race Unknown	0	0	0	0	0
Total	245	0	0	0	245

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	7.00
LPN's	35.00
Certified Aides	55.00
Other Health Staff	10.00
Non-Health Staff	17.00
Totals	126.00

NET REVENUE BY PAYOR 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%	52.1%	2.1%	23.3%	1.6%	100.0%		
3,940,815	9,851,885	396,809	4,400,555	303,569	18,893,633	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 Boulevard
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 North Lincoln Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/4/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	155
Total Admissions 2017	334
Total Discharges 2017	338
Residents on 12/31/2017	151

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	30
Alzheimer Disease	0
Mental Illness	20
Developmental Disability	0
Circulatory System	30
Respiratory System	5
Digestive System	9
Genitourinary System Disorders	14
Skin Disorders	0
Musculo-skeletal Disorders	24
Injuries and Poisonings	10
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	151

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	170	195	151	52	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	170	195	151	52	127	203

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3587	7.7%	48229	65.1%	0	2586	3283	0	57685	77.9%	81.0%
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	3587	7.7%	48229	65.1%	0	2586	3283	0	57685	77.9%	81.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	5	0	0	0	0	0	0	14	5	19
60 to 64	6	6	0	0	0	0	0	0	6	6	12
65 to 74	12	19	0	0	0	0	0	0	12	19	31
75 to 84	14	19	0	0	0	0	0	0	14	19	33
85+	11	43	0	0	0	0	0	0	11	43	54
TOTALS	58	93	0	0	0	0	0	0	58	93	151

Symphony of Orchard Valley
2330 West Galena Boulevard
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	14	126	0	0	11	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	14	126	0	0	11	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	119	0	0	0	119
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	22	0	0	0	22
Non-Hispanic	129	0	0	0	129
Ethnicity Unknown	0	0	0	0	0
Total	151	0	0	0	151

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	21.03
LPN's	28.17
Certified Aides	53.39
Other Health Staff	3.00
Non-Health Staff	25.74
Totals	134.33

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
22.0%	62.4%	0.0%	10.2%	5.4%	100.0%		
3,048,325	8,621,938	0	1,406,608	750,470	13,827,341	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 E 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 5/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	206
Total Admissions 2017	513
Total Discharges 2017	493
Residents on 12/31/2017	226

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	240	226	21	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	240	226	21	248	248

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	12517	13.8%	45586	50.4%	0	15553	3489	0	77145	85.6%	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	12517	13.8%	45586	50.4%	0	15553	3489	0	77145	85.6%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	40	0	0	0	0	0	0	0	40	40
45 to 59	15	4	0	0	0	0	0	0	15	4	19
60 to 64	13	9	0	0	0	0	0	0	13	9	22
65 to 74	29	16	0	0	0	0	0	0	29	16	45
75 to 84	33	22	0	0	0	0	0	0	33	22	55
85+	15	32	0	0	0	0	0	0	15	32	47
TOTALS	105	123	0	0	0	0	0	0	105	123	228

Symphony of South Shore
2425 E 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	37	167	0	13	9	0	226
Skilled Under 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	167	0	13	9	0	226

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	217	0	0	0	217
Hawaiian/Pacific Isl.	0	0	0	0	0
White	7	0	0	0	7
Race Unknown	0	0	0	0	0
Total	224	0	0	0	224

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
34.0%	41.4%	0.0%	21.2%	3.4%	100.0%		
7,088,410	8,640,553	0	4,413,076	719,513	20,861,552	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 J. HArvat

Contact Person and Telephone
Anthony J. Harvat
630-778-6677

Registered Agent Information
Aaron Troy
1776 S Naperville Rd STE, 1044
Wheaton, IL 60186

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	275
Total Discharges 2017	291
Residents on 12/31/2017	128

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	19
Alzheimer Disease	13
Mental Illness	22
Developmental Disability	0
Circulatory System	37
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	21
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	128

Total Residents Diagnosed as Mentally Ill 67

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	155	146	144	128	41	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	169	155	146	144	128	41	52	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3441	18.1%	14555	66.5%	0	909	28980	0	47885	77.6%	84.6%
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	3441	18.1%	14555	66.5%	0	909	28980	0	47885	77.6%	84.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	6	0	0	0	0	0	0	6	6	12
75 to 84	10	25	0	0	0	0	0	0	10	25	35
85+	17	64	0	0	0	0	0	0	17	64	81
TOTALS	33	95	0	0	0	0	0	0	33	95	128

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	12	36	0	5	75	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	12	36	0	5	75	0	128

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	270	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	126	0	0	0	126
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	20.80
LPN's	7.40
Certified Aides	41.50
Other Health Staff	17.50
Non-Health Staff	51.60
Totals	140.80

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
13.3%	23.0%	0.0%	3.5%	60.1%	100.0%		
1,622,935	2,807,322	0	428,429	7,332,441	12,191,127	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 4/4/2019

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 - 2018

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 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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5144	88.1%	0	0	0	0	5144	88.1%	88.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5144	88.1%	0	0	0	0	5144	88.1%	88.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	8	0	0	6	8	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.25
Registered Nurses	
LPN's	0.00
Certified Aides	9.00
Other Health Staff	1.00
Non-Health Staff	0.00
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
0.0%	76.3%	1.7%	0.0%	22.0%	100.0%		
0	444,845	9,859	0	128,260	582,964	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 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 4/4/2019

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 - 2018

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 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5497	94.1%	0	0	0	0	5497	94.1%	94.1%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5497	94.1%	0	0	0	0	5497	94.1%	94.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	8	2	10
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	12	4	0	0	12	4	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	79.1%	1.8%	0.0%	19.0%	100.0%		
0	519,452	11,999	0	124,849	656,300	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Taylorville Care Center,Inc.
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 Ste B
O'Fallon, IL 62269

Date Questionnaire Completed 4/5/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	147
Total Discharges 2017	145
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	2
Mental Illness	31
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	2
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	65

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	98	98	79	98	65	33	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	79	98	65	33	24	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	20.0%	16077	44.9%	602	182	7856	0	26470	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	1753	20.0%	16077	44.9%	602	182	7856	0	26470	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	4	0	0	0	0	0	0	2	4	6
75 to 84	2	11	0	0	0	0	0	0	2	11	13
85+	8	34	0	0	0	0	0	0	8	34	42
TOTALS	14	51	0	0	0	0	0	0	14	51	65

Taylorville Care Center,Inc.
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	2	44	1	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	2	44	1	1	17	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.26
LPN's	10.62
Certified Aides	30.02
Other Health Staff	1.45
Non-Health Staff	24.48
Totals	69.83

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
19.9%	46.6%	1.8%	1.8%	30.0%	100.0%		
911,464	2,130,240	80,231	81,772	1,370,778	4,574,485	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
217-827-7021

Registered Agent Information
Lawrence Manson
20180 Governors Drive Suite 300
Olympia Fields, IL 60461

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	4
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 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	14	2		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	15	16	14	2	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4879	83.5%	0	0	0	0	4879	83.5%	83.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4879	83.5%	0	0	0	0	4879	83.5%	83.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	7	0	0	7	7	14

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	9	0	9
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	0.50
Certified Aides	
Other Health Staff	9.50
Non-Health Staff	0.50
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%	87.8%	0.0%	0.0%	12.2%	100.0%		
0	542,708	0	0	75,357	618,065	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Admiral at the Lake
933 W Foster Ave
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
Nadia Geigler
929 W Foster Ave
Chicago, IL 60640

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	71
Total Discharges 2017	69
Residents on 12/31/2017	35

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	8
Developmental Disability	0
Circulatory System	4
Respiratory System	1
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	35

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	36	36	36	36	35	1	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	35	1	36	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1269	9.7%	0	0.0%	0	190	10688	365	12512	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	1269	9.7%	0	0.0%	0	190	10688	365	12512	95.2%	95.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	4	0	0	0	0	0	0	4	4	8
85+	12	13	0	0	0	0	0	0	12	13	25
TOTALS	18	17	0	0	0	0	0	0	18	17	35

The Admiral at the Lake
933 W Foster Ave
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	3	0	0	0	31	1	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	3	0	0	0	31	1	35

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	438	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	32	0	0	0	32
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	5.00
Certified Aides	27.00
Other Health Staff	2.50
Non-Health Staff	6.00
Totals	47.50

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
4.0%	0.0%	0.0%	1.0%	95.0%	100.0%		
717,058	0	0	178,502	17,024,761	17,920,321	420,375	2.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Bridge Care
3089 Old Jacksonville Road
Springfield , IL. 62704

Reference Numbers

Facility ID	6016794	
Health Service Area	003	
Planning Service Area	167	Sangamon
County	167	Sangamon County

Administrator
Tanisha McCullough, LNHA

Contact Person and Telephone
Tanisha McCullough
217-787-0000

Registered Agent Information
VCorp Services
25 Robert Pitt Drive Suite 204
Monsey, NY 10952

Date Questionnaire Completed 4/11/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	1,072
Total Discharges 2017	1,080
Residents on 12/31/2017	50

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	4
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	15
Other Medical Conditions	13
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	75	75	75	75	50	25	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	50	25	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11650	0.0%	0	0.0%	0	8191	845	0	20686	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	11650	0.0%	0	0.0%	0	8191	845	0	20686	75.6%	75.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	0	0	0	0	0	0	1	2	3
65 to 74	6	8	0	0	0	0	0	0	6	8	14
75 to 84	4	9	0	0	0	0	0	0	4	9	13
85+	8	10	0	0	0	0	0	0	8	10	18
TOTALS	21	29	0	0	0	0	0	0	21	29	50

The Bridge Care
3089 Old Jacksonville Road
Springfield , IL. 62704

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	31	0	0	15	4	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	31	0	0	15	4	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	47	0	0	0	47
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	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	7.00
Certified Aides	24.00
Other Health Staff	5.00
Non-Health Staff	12.00
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
61.0%	0.0%	0.0%	35.7%	3.4%	100.0%		
5,651,410	362	0	3,306,483	312,693	9,270,948	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The British Home for Retired Men and Women
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
Carol M. Ricken

Contact Person and Telephone
Carol M. Ricken
708-485-5636

Registered Agent Information
John Larson, CEO
8700 W. 31st Street
Brookfield, IL 60513

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	50
Total Admissions 2017	516
Total Discharges 2017	524
Residents on 12/31/2017	42

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	4
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	12
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	10
Other Medical Conditions	4
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	72	0	0	72	42	30	72	0
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	20	0	0	20	0	20		
TOTAL BEDS	92	0	0	92	42	50	72	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8877	33.8%	0	0.0%	0	817	7019	365	17078	65.0%	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	8877	33.8%	0	0.0%	0	817	7019	365	17078	50.9%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	9	0	0	0	0	0	0	8	9	17
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	12	30	0	0	0	0	0	0	12	30	42

The British Home for Retired Men and Women
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	8	14	2	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	18	0	0	8	14	2	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	350	270
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	0.06
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	3.80
Certified Aides	23.80
Other Health Staff	4.00
Non-Health Staff	3.70
Totals	49.36

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
57.5%	0.0%	0.0%	14.1%	28.4%	100.0%		
4,465,512	0	0	1,095,603	2,208,177	7,769,292	305,034	3.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Danish Home of Chicago
5656 N. Newcastle Ave.
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 3/8/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	11
Total Discharges 2017	7
Residents on 12/31/2017	37

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	21
Respiratory System	3
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	37

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	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	30	12		
TOTAL BEDS	59	46	39	46	37	22	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	30	0	30	0.2%	0.3%
TOTALS	0	0.0%	0	0.0%	0	0	37	0	37	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	4	2	4	3	7
85+	2	4	0	0	0	0	6	18	8	22	30
TOTALS	2	5	0	0	0	0	10	20	12	25	37

The Danish Home of Chicago
5656 N. Newcastle Ave.
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	30	0	30
TOTALS	0	0	0	0	37	0	37

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	325	279
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	1	0	0	3	4
American Indian	0	0	0	0	0
Black	1	0	0	1	2
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	26	31
Race Unknown	0	0	0	0	0
Total	7	0	0	30	37

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	7	0	0	30	37
Ethnicity Unknown	0	0	0	0	0
Total	7	0	0	30	37

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%	0.0%	2.7%	97.3%	100.0%		
0	0	0	73,000	2,667,359	2,740,359	325,000	11.9%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Elms
1212 Madelyn Avenue
Macomb, IL. 61455

Reference Numbers

Facility ID	6002836	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Monica Windsor

Contact Person and Telephone
Gina Bickers
309-837-5482

Registered Agent Information

Date Questionnaire Completed 3/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	88
Total Admissions 2017	114
Total Discharges 2017	127
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	28
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	23
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	0
Other Medical Conditions	0
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	98	98	98	98	75	23	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	75	23	0	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	17031	47.6%	0	483	10071	0	29893	83.6%	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	2308	0.0%	17031	47.6%	0	483	10071	0	29893	83.6%	83.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	7	16	0	0	0	0	0	0	7	16	23
85+	8	40	0	0	0	0	0	0	8	40	48
TOTALS	16	59	0	0	0	0	0	0	16	59	75

The Elms
1212 Madelyn Avenue
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	6	41	0	0	28	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	6	41	0	0	28	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	74	0	0	0	74
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	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	11.00
Certified Aides	29.00
Other Health Staff	0.00
Non-Health Staff	39.00
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
20.9%	49.9%	0.0%	0.5%	28.7%	100.0%		
1,193,612	2,849,173	0	26,900	1,637,203	5,706,888	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Estates of Hyde Park
4505 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
Latanya Owens

Contact Person and Telephone
Latanya Owens
773-285-0550

Registered Agent Information
David Aronin
2201 Main Street
Evanston, IL 60602

Date Questionnaire Completed 6/18/2019

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 - 2018

Residents on 1/1/2017	121
Total Admissions 2017	185
Total Discharges 2017	135
Residents on 12/31/2017	171

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	1
Mental Illness	12
Developmental Disability	0
Circulatory System	36
Respiratory System	8
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	3
Musculo-skeletal Disorders	8
Injuries and Poisonings	2
Other Medical Conditions	13
Non-Medical Conditions	5
TOTALS	123

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	123	32	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	123	32	155	155

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4149	7.3%	35082	62.0%	0	298	852	0	40381	71.4%	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	4149	7.3%	35082	62.0%	0	298	852	0	40381	71.4%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	16	11	0	0	0	0	0	0	16	11	27
60 to 64	7	6	0	0	0	0	0	0	7	6	13
65 to 74	21	17	0	0	0	0	0	0	21	17	38
75 to 84	17	9	0	0	0	0	0	0	17	9	26
85+	6	13	0	0	0	0	0	0	6	13	19
TOTALS	67	56	0	0	0	0	0	0	67	56	123

The Estates of Hyde Park
4505 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	12	107	0	1	3	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	12	107	0	1	3	0	123

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	176
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	117	0	0	0	117
Hawaiian/Pacific Isl.	0	0	0	0	0
White	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	123	0	0	0	123

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	123	0	0	0	123
Ethnicity Unknown	0	0	0	0	0
Total	123	0	0	0	123

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.40
LPN's	20.70
Certified Aides	46.50
Other Health Staff	2.89
Non-Health Staff	38.72
Totals	121.21

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
32.0%	65.2%	0.0%	1.0%	1.7%	100.0%		
2,732,732	5,566,607	0	86,220	148,882	8,534,441	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove at the Lake Skilled Nursing
2534 Elim Ave
Zion, IL. 60099

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
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed

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	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	174
Total Admissions 2017	305
Total Discharges 2017	318
Residents on 12/31/2017	161

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	19
Blood Disorders	0
*Nervous System Non Alzheimer	17
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	35
Respiratory System	47
Digestive System	3
Genitourinary System Disorders	14
Skin Disorders	1
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	8
Non-Medical Conditions	4
TOTALS	161

Total Residents Diagnosed as Mentally Ill 0

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	244	220	0	220	161	83	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	220	0	220	161	83	244	244

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15	0.0%	127	0.1%	0	8	11	0	161	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	15	0.0%	127	0.1%	0	8	11	0	161	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	15	13	0	0	0	0	0	0	15	13	28
60 to 64	12	11	0	0	0	0	0	0	12	11	23
65 to 74	23	26	0	0	0	0	0	0	23	26	49
75 to 84	18	18	0	0	0	0	0	0	18	18	36
85+	6	15	0	0	0	0	0	0	6	15	21
TOTALS	77	84	0	0	0	0	0	0	77	84	161

The Grove at the Lake Skilled Nursing
2534 Elim Ave
Zion, IL. 60099

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	15	127	0	8	11	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	15	127	0	8	11	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	50	0	0	0	50
Hawaiian/Pacific Isl.	0	0	0	0	0
White	101	0	0	0	101
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	6	0	0	0	6
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	16.00
Certified Aides	45.00
Other Health Staff	11.00
Non-Health Staff	31.00
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
2.8%	86.3%	0.0%	7.0%	4.0%	100.0%		
330,796	10,135,649	0	817,829	466,798	11,751,072	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove Fox Valley
1601 North Farnswort 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 12:00:00 AM

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 - 2018

Residents on 1/1/2017	143
Total Admissions 2017	319
Total Discharges 2017	313
Residents on 12/31/2017	149

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	9
Blood Disorders	2
*Nervous System Non Alzheimer	20
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	0
Circulatory System	49
Respiratory System	13
Digestive System	7
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	7
Injuries and Poisonings	13
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	149

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	158	156	153	156	149	9	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	158	156	153	156	149	9	189	189

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5410	7.8%	37832	54.8%	1676	4074	4205	0	53197	92.2%	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	5410	7.8%	37832	54.8%	1676	4074	4205	0	53197	92.2%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	12	10	0	0	0	0	0	0	12	10	22
60 to 64	7	11	0	0	0	0	0	0	7	11	18
65 to 74	18	17	0	0	0	0	0	0	18	17	35
75 to 84	14	26	0	0	0	0	0	0	14	26	40
85+	7	22	0	0	0	0	0	0	7	22	29
TOTALS	61	88	0	0	0	0	0	0	61	88	149

The Grove Fox Valley
1601 North Farnswort 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	46	59	7	20	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	17	46	59	7	20	0	149

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	220	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	0	28
Hawaiian/Pacific Isl.	0	0	0	0	0
White	94	0	0	0	94
Race Unknown	24	0	0	0	24
Total	149	0	0	0	149

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	24	0	0	0	24
Non-Hispanic	124	0	0	0	124
Ethnicity Unknown	1	0	0	0	1
Total	149	0	0	0	149

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	16.00
Certified Aides	51.00
Other Health Staff	2.00
Non-Health Staff	38.00
Totals	126.00

NET REVENUE BY PAYOR 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%	52.5%	3.1%	14.2%	5.5%	100.0%		
3,282,985	6,992,968	406,373	1,892,348	733,915	13,308,589	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove 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
Scott Morton

Contact Person and Telephone
Scott Morton
708-354-7300

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	114
Total Admissions 2017	189
Total Discharges 2017	156
Residents on 12/31/2017	147

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	21
Blood Disorders	3
*Nervous System Non Alzheimer	10
Alzheimer Disease	5
Mental Illness	0
Developmental Disability	0
Circulatory System	45
Respiratory System	13
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 0

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	131	122	122	122	103	28	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	122	122	122	103	28	131	131

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4359	9.1%	29110	60.9%	2534	802	2366	0	39171	81.9%	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	4359	9.1%	29110	60.9%	2534	802	2366	0	39171	81.9%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	4	0	0	0	0	0	0	4	4	8
60 to 64	6	3	0	0	0	0	0	0	6	3	9
65 to 74	11	12	0	0	0	0	0	0	11	12	23
75 to 84	17	17	0	0	0	0	0	0	17	17	34
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	43	60	0	0	0	0	0	0	43	60	103

The Grove 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	10	81	4	0	8	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	10	81	4	0	8	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	71	0	0	0	71
Race Unknown	7	0	0	0	7
Total	103	0	0	0	103

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	2.00
Director of Nursing	1.00
Registered Nurses	9.00
LPN's	11.00
Certified Aides	22.00
Other Health Staff	6.00
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
26.5%	58.2%	6.2%	5.1%	4.1%	100.0%		
2,563,566	5,632,665	596,922	490,591	395,369	9,679,113	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Berwyn
3601 Harlem Ave
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

Contact Person and Telephone

Registered Agent Information

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	0
Total Discharges 2017	0
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	0	0	0	0	0	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	0	0	0	0	0	0	118	145

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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

The Grove of Berwyn
3601 Harlem Ave
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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
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.

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
George Yesian

Contact Person and Telephone
Peggy Aschenbrenner
224-223-3245

Registered Agent Information
Illinois Corporation Service
801 Adlai Stevensen Dr.
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	155
Total Admissions 2017	231
Total Discharges 2017	235
Residents on 12/31/2017	151

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	25
Blood Disorders	2
*Nervous System Non Alzheimer	25
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	39
Respiratory System	25
Digestive System	4
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	16
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	151

Total Residents Diagnosed as Mentally Ill 65

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	157	169	151	29	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	157	169	151	29	117	180

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3839	9.0%	42858	65.2%	2729	913	5106	0	55445	84.4%	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	3839	9.0%	42858	65.2%	2729	913	5106	0	55445	84.4%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	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	23	15	0	0	0	0	0	0	23	15	38
75 to 84	16	24	0	0	0	0	0	0	16	24	40
85+	10	25	0	0	0	0	0	0	10	25	35
TOTALS	72	79	0	0	0	0	0	0	72	79	151

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	117	7	3	13	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	11	117	7	3	13	0	151

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	260	230
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	113	0	0	0	113
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	19	0	0	0	19
Non-Hispanic	132	0	0	0	132
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	17.00
LPN's	24.00
Certified Aides	47.00
Other Health Staff	53.00
Non-Health Staff	4.10
Totals	147.10

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
18.5%	64.4%	4.7%	3.9%	8.5%	100.0%		
2,389,316	8,331,811	609,921	500,284	1,104,669	12,936,001	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Evanston
500 Asbury
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
Daniel Garden
3450 Oakton St
Skokie, IL 60076

Date Questionnaire Completed 4/2/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	325
Total Discharges 2017	312
Residents on 12/31/2017	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	24
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	55
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	2
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	105

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	124	105	105	105	105	19	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	105	105	105	105	19	124	67

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9282	20.5%	23250	95.1%	0	2981	2697	0	38210	84.4%	99.7%
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	9282	20.5%	23250	95.1%	0	2981	2697	0	38210	84.4%	99.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	16	11	0	0	0	0	0	0	16	11	27
75 to 84	17	20	0	0	0	0	0	0	17	20	37
85+	5	22	0	0	0	0	0	0	5	22	27
TOTALS	46	59	0	0	0	0	0	0	46	59	105

The Grove of Evanston
500 Asbury
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	35	60	0	2	8	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	35	60	0	2	8	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	40	0	0	0	40
Hawaiian/Pacific Isl.	0	0	0	0	0
White	59	0	0	0	59
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	7	0	0	0	7
Non-Hispanic	98	0	0	0	98
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	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
45.5%	37.0%	0.0%	12.0%	5.5%	100.0%		
5,706,069	4,644,362	0	1,500,757	685,110	12,536,298	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove of Northbrook
263 Skokie blvd.
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 Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/1/2009

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 - 2018

Residents on 1/1/2017	116
Total Admissions 2017	85
Total Discharges 2017	81
Residents on 12/31/2017	120

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	22
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	16
Developmental Disability	1
Circulatory System	44
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	120

Total Residents Diagnosed as Mentally Ill 16

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	134	127	134	120	0	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	120	134	127	134	120	0	83	134

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2834	9.4%	38918	79.6%	59	196	1679	0	43686	99.7%	89.3%
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	2834	9.4%	38918	79.6%	59	196	1679	0	43686	99.7%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	15	0	0	0	0	0	0	14	15	29
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	22	10	0	0	0	0	0	0	22	10	32
75 to 84	9	15	0	0	0	0	0	0	9	15	24
85+	4	11	0	0	0	0	0	0	4	11	15
TOTALS	59	61	0	0	0	0	0	0	59	61	120

The Grove of Northbrook
263 Skokie blvd.
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	17	87	0	7	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	9	17	87	0	7	0	120

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	107	0	0	0	107
Race Unknown	0	0	0	0	0
Total	120	0	0	0	120

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	6.00
Certified Aides	32.00
Other Health Staff	8.00
Non-Health Staff	35.00
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
17.3%	79.0%	0.1%	1.2%	2.4%	100.0%		
1,566,056	7,155,731	13,550	105,907	213,230	9,054,474	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
Hina Rehman

Contact Person and Telephone
Hina Rehman
847-679-2322

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	138
Total Admissions 2017	139
Total Discharges 2017	134
Residents on 12/31/2017	143

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	20
Blood Disorders	1
*Nervous System Non Alzheimer	13
Alzheimer Disease	5
Mental Illness	3
Developmental Disability	3
Circulatory System	62
Respiratory System	14
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	22
Non-Medical Conditions	0
TOTALS	143

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	149	149	149	143	6	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	149	149	149	143	6	98	149

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3986	11.1%	44841	82.5%	0	411	1752	0	50990	93.8%	93.8%
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	3986	11.1%	44841	82.5%	0	411	1752	0	50990	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	11	0	0	0	0	0	0	14	11	25
60 to 64	18	7	0	0	0	0	0	0	18	7	25
65 to 74	26	27	0	0	0	0	0	0	26	27	53
75 to 84	15	9	0	0	0	0	0	0	15	9	24
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	79	64	0	0	0	0	0	0	79	64	143

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	126	0	1	5	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	11	126	0	1	5	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	225	185
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	19	0	0	0	19
Hawaiian/Pacific Isl.	0	0	0	0	0
White	82	0	0	0	82
Race Unknown	12	0	0	0	12
Total	143	0	0	0	143

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	127	0	0	0	127
Ethnicity Unknown	12	0	0	0	12
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	15.00
LPN's	11.00
Certified Aides	35.00
Other Health Staff	5.00
Non-Health Staff	44.00
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
20.9%	74.9%	0.0%	1.8%	2.4%	100.0%		
2,229,181	8,001,738	0	194,654	252,753	10,678,326	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Grove St. Charles
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
Maureen Krahl

Contact Person and Telephone
Maureen Krahl
630-377-2211

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	68
Total Admissions 2017	85
Total Discharges 2017	76
Residents on 12/31/2017	77

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	3
Blood Disorders	4
*Nervous System Non Alzheimer	15
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	8
Genitourinary System Disorders	2
Skin Disorders	7
Musculo-skeletal Disorders	20
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	77

Total Residents Diagnosed as Mentally Ill 32

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	110	78	110	77	43	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	78	110	77	43	120	60

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1581	3.6%	4767	21.8%	0	132	1966	0	8446	19.3%	21.0%
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	1581	3.6%	4767	21.8%	0	132	1966	0	8446	19.3%	21.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	3	4	7
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	5	4	0	0	0	0	0	0	5	4	9
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	6	25	0	0	0	0	0	0	6	25	31
TOTALS	25	52	0	0	0	0	0	0	25	52	77

The Grove St. Charles
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	48	0	2	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	14	48	0	2	13	0	77

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	324	299
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	73	0	0	0	73
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	12.40
LPN's	7.00
Certified Aides	11.90
Other Health Staff	5.80
Non-Health Staff	4.00
Totals	43.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
40.6%	36.9%	0.0%	3.2%	19.3%	100.0%		
862,420	783,364	0	68,026	410,753	2,124,563	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Loft Rehabilitation and Nursing
700 N Main Street
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 4/22/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	77
Total Discharges 2017	77
Residents on 12/31/2017	63

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	1
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	24
Injuries and Poisonings	1
Other Medical Conditions	11
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	66	92	62	30	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	6	12	1	11		
TOTAL BEDS	104	104	72	104	63	41	92	79

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.4%	12669	43.9%	0	0	6751	0	21900	65.2%	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	1076	0	1076	24.6%	24.6%
TOTALS	2480	7.4%	12669	43.9%	0	0	7827	0	22976	60.5%	60.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	4	0	0	0	0	0	0	5	4	9
75 to 84	9	13	0	0	0	0	0	0	9	13	22
85+	1	24	0	0	0	0	0	1	1	25	26
TOTALS	17	45	0	0	0	0	0	1	17	46	63

The Loft Rehabilitation and Nursing
700 N Main Street
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	41	0	0	14	0	62
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	7	41	0	0	15	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	235	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	120

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	1	62
Race Unknown	0	0	0	0	0
Total	62	0	0	1	63

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	62	0	0	1	63
Ethnicity Unknown	0	0	0	0	0
Total	62	0	0	1	63

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.71
LPN's	3.77
Certified Aides	24.41
Other Health Staff	0.00
Non-Health Staff	13.77
Totals	50.66

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
24.8%	44.0%	0.0%	0.0%	31.3%	100.0%		
1,090,688	1,936,448	0	0	1,377,848	4,404,984	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.

The Loft Rehabilitation and Nursing Home of Cant
2081 North Main Street
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
Jeff Howd
309-647-6135

Registered Agent Information

Date Questionnaire Completed 3/15/2019

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 - 2018

Residents on 1/1/2017	60
Total Admissions 2017	218
Total Discharges 2017	219
Residents on 12/31/2017	59

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	10
Developmental Disability	1
Circulatory System	8
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	5
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	59

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	90	82	70	90	59	31	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	82	70	90	59	31	90	90

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	181	0.6%	1334	4.1%	0	136	194	0	1845	5.6%	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	181	0.6%	1334	4.1%	0	136	194	0	1845	5.6%	6.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	1	3	4
65 to 74	7	3	0	0	0	0	0	0	7	3	10
75 to 84	12	6	0	0	0	0	0	0	12	6	18
85+	4	20	0	0	0	0	0	0	4	20	24
TOTALS	24	35	0	0	0	0	0	0	24	35	59

The Loft Rehabilitation and Nursing Home of Cant
2081 North Main Street
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	7	27	1	5	19	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	7	27	1	5	19	0	59

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	227	207
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	8.36
LPN's	4.37
Certified Aides	16.17
Other Health Staff	2.08
Non-Health Staff	20.61
Totals	53.59

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
23.2%	51.2%	0.0%	15.1%	10.5%	100.0%		
85,717	188,894	0	55,668	38,802	369,081	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Lutheran Home
6901 N 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, LNHA

Contact Person and Telephone
Michelle Pollard, LNHA
309-692-4494

Registered Agent Information
Michelle Heiden
6901 N Galena Road
Peoria, IL 61614

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	352
Total Discharges 2017	322
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	1
Blood Disorders	4
*Nervous System Non Alzheimer	13
Alzheimer Disease	10
Mental Illness	0
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
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	105	105	73	105	73	32	107	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	105	105	73	105	73	32	107	18

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7206	18.5%	1273	19.4%	0	115	18687	0	27281	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	7206	18.5%	1273	19.4%	0	115	18687	0	27281	71.2%	71.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	0	1	1
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	18	41	0	0	0	0	0	0	18	41	59
TOTALS	24	49	0	0	0	0	0	0	24	49	73

The Lutheran Home
6901 N 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	15	5	0	53	0	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	15	5	0	53	0	0	73

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	352	266
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	14.20
LPN's	14.40
Certified Aides	50.40
Other Health Staff	0.00
Non-Health Staff	25.40
Totals	106.40

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
34.8%	6.1%	0.0%	0.0%	59.1%	100.0%		
3,507,083	612,993	0	0	5,952,711	10,072,787	0	0.0%

*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
847-492-7582

Registered Agent Information
Mary Leary
1603 Orrington Suite 1800
Evanston, IL 60201

Date Questionnaire Completed 4/16/2019

Continuing Care Retirement Community

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	1
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 - 2018

Residents on 1/1/2017	29
Total Admissions 2017	79
Total Discharges 2017	79
Residents on 12/31/2017	29

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	1
Mental Illness	4
Developmental Disability	0
Circulatory System	12
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	4
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	29

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	37	37	33	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	33	37	29	8	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	0.0%	0	0.0%	0	77	8901	0	10057	74.5%	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	1079	0.0%	0	0.0%	0	77	8901	0	10057	74.5%	74.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	3	4	7
85+	6	16	0	0	0	0	0	0	6	16	22
TOTALS	9	20	0	0	0	0	0	0	9	20	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	Private 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
Nursing Care	395	367
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	28	0	0	0	28
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	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	12.40
LPN's	1.00
Certified Aides	23.60
Other Health Staff	4.20
Non-Health Staff	3.00
Totals	46.20

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
34.5%	0.0%	0.0%	1.3%	64.2%	100.0%		
644,530	0	0	24,506	1,200,778	1,869,814	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Moorings of Arlington Heights
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, CEO
8707 Skokie Blvd
Skokie, IL 60077

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	437
Total Discharges 2017	447
Residents on 12/31/2017	71

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	15
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	2
Digestive System	5
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	18
Other Medical Conditions	1
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	116	96	88	96	71	45	84	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	116	96	88	96	71	45	84	17

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7638	24.9%	944	15.2%	0	86	19570	1369	29607	69.9%	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	7638	24.9%	944	15.2%	0	86	19570	1369	29607	69.9%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	11	0	0	0	0	0	0	10	11	21
85+	9	40	0	0	0	0	0	0	9	40	49
TOTALS	20	51	0	0	0	0	0	0	20	51	71

The Moorings of Arlington Heights
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	3	0	0	45	2	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	21	3	0	0	45	2	71

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	465	377
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	14	0	0	0	14
Ethnicity Unknown	57	0	0	0	57
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	17.00
LPN's	4.00
Certified Aides	51.00
Other Health Staff	18.80
Non-Health Staff	46.51
Totals	139.31

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
36.3%	0.5%	0.0%	0.0%	63.2%	100.0%		
4,379,452	54,558	0	4,250	7,613,700	12,051,960	219,975	1.8%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Mosaic of LakeShore
7200 N. Sheridan Rd
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 5/28/2019

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 - 2018

Residents on 1/1/2017	0
Total Admissions 2017	0
Total Discharges 2017	0
Residents on 12/31/2017	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	24
Blood Disorders	20
*Nervous System Non Alzheimer	13
Alzheimer Disease	30
Mental Illness	6
Developmental Disability	0
Circulatory System	71
Respiratory System	12
Digestive System	5
Genitourinary System Disorders	3
Skin Disorders	6
Musculo-skeletal Disorders	8
Injuries and Poisonings	8
Other Medical Conditions	15
Non-Medical Conditions	0
TOTALS	222

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	313	0	0	313	0	313	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	0	313	313	313

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7473	6.5%	69483	60.8%	3665	135	2426	0	83182	72.8%	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	7473	6.5%	69483	60.8%	3665	135	2426	0	83182	72.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	27	13	0	0	0	0	0	0	27	13	40
60 to 64	13	10	0	0	0	0	0	0	13	10	23
65 to 74	39	35	0	0	0	0	0	0	39	35	74
75 to 84	30	22	0	0	0	0	0	0	30	22	52
85+	21	17	0	0	0	0	0	0	21	17	38
TOTALS	132	97	0	0	0	0	0	0	132	97	229

The Mosaic of LakeShore
7200 N. Sheridan Rd
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	190	8	0	6	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	14	190	8	0	6	0	218

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	215	299

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	8	0	0	0	8
American Indian	3	0	0	0	3
Black	103	0	0	0	103
Hawaiian/Pacific Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	210	0	0	0	210

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	19	0	0	0	19
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	19	0	0	0	19

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	13.00
LPN's	43.00
Certified Aides	96.00
Other Health Staff	4.00
Non-Health Staff	54.00
Totals	213.00

NET REVENUE BY PAYOR 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%	70.8%	8.4%	0.4%	4.4%	100.0%		
2,780,948	12,278,245	1,454,106	73,539	763,445	17,350,283	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

Contact Person and Telephone

815-725-0443

Registered Agent Information
David Aronin
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	121
Total Admissions 2017	239
Total Discharges 2017	216
Residents on 12/31/2017	144

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	9
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	8
Mental Illness	10
Developmental Disability	0
Circulatory System	12
Respiratory System	22
Digestive System	10
Genitourinary System Disorders	18
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	8
Other Medical Conditions	21
Non-Medical Conditions	0
TOTALS	144

Total Residents Diagnosed as Mentally Ill 11

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	170	145	170	144	59	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	145	170	144	59	203	203

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8556	11.5%	32805	44.3%	0	174	4724	0	46259	62.4%	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	8556	11.5%	32805	44.3%	0	174	4724	0	46259	62.4%	74.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	4	2	6
60 to 64	9	4	0	0	0	0	0	0	9	4	13
65 to 74	20	19	0	0	0	0	0	0	20	19	39
75 to 84	26	24	0	0	0	0	0	0	26	24	50
85+	11	25	0	0	0	0	0	0	11	25	36
TOTALS	70	74	0	0	0	0	0	0	70	74	144

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	30	98	0	4	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	30	98	0	4	12	0	144

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	210	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	29	0	0	0	29
Hawaiian/Pacific Isl.	0	0	0	0	0
White	114	0	0	0	114
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	16	0	0	0	16
Non-Hispanic	128	0	0	0	128
Ethnicity Unknown	0	0	0	0	0
Total	144	0	0	0	144

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.35
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	17.00
Certified Aides	34.00
Other Health Staff	9.00
Non-Health Staff	43.00
Totals	117.35

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
38.1%	48.0%	0.0%	2.9%	11.0%	100.0%		
3,890,136	4,909,837	0	297,644	1,122,452	10,220,069	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Pearl of Rolling Meadows
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
Eitan Zeffren

Contact Person and Telephone
Elie Grinblatt
773-888-3543

Registered Agent Information

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	100
Total Admissions 2017	26
Total Discharges 2017	20
Residents on 12/31/2017	106

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	9
Blood Disorders	11
*Nervous System Non Alzheimer	10
Alzheimer Disease	8
Mental Illness	7
Developmental Disability	1
Circulatory System	10
Respiratory System	6
Digestive System	2
Genitourinary System Disorders	11
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	11
Non-Medical Conditions	0
TOTALS	106

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	155	136	106	136	106	49	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	136	106	136	106	49	155	152

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	504	0.9%	4412	8.0%	0	16	1137	0	6069	10.7%	12.2%
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	504	0.9%	4412	8.0%	0	16	1137	0	6069	10.7%	12.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	6	0	0	0	0	0	0	3	6	9
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	9	5	0	0	0	0	0	0	9	5	14
75 to 84	6	29	0	0	0	0	0	0	6	29	35
85+	8	35	0	0	0	0	0	0	8	35	43
TOTALS	28	78	0	0	0	0	0	0	28	78	106

The Pearl of Rolling Meadows
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	15	70	0	1	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	70	0	1	20	0	106

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	418	278
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	99	0	0	0	99

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	13.03
LPN's	10.13
Certified Aides	33.06
Other Health Staff	1.00
Non-Health Staff	37.73
Totals	96.95

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
19.0%	53.3%	0.0%	4.6%	23.1%	100.0%		
250,644	702,308	0	60,543	304,837	1,318,332	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
Chris Cortez

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 4/19/2019

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 - 2018

Residents on 1/1/2017	49
Total Admissions 2017	42
Total Discharges 2017	41
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	12
Mental Illness	0
Developmental Disability	0
Circulatory System	12
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	0
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	36	36	26	36	26	10	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	24	45	24	25		
TOTAL BEDS	85	81	50	81	50	35	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	8186	730	8916	67.9%	67.9%
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	9027	0	9027	50.5%	55.0%
TOTALS	0	0.0%	0	0.0%	0	0	17213	730	17943	57.8%	60.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	1	2	3
75 to 84	3	1	0	0	0	0	4	1	7	2	9
85+	5	16	0	0	0	0	6	11	11	27	38
TOTALS	8	18	0	0	0	0	11	13	19	31	50

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	24	2	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	24	0	0	24
TOTALS	0	0	0	48	2	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	309	259
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	180

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	24	49
Race Unknown	1	0	0	0	1
Total	26	0	0	24	50

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	25	0	0	24	49
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	24	50

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.20
LPN's	1.20
Certified Aides	13.00
Other Health Staff	21.00
Non-Health Staff	27.00
Totals	72.40

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%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	4,022,074	4,022,074	58,191	1.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Selfhelp Home
908 W. 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
Liza Steinfeld

Contact Person and Telephone
Liza Steinfeld
773-619-1176

Registered Agent Information
Austin L. Hirsch
10 South Wacker Drive, Suite 4000
Chicago, IL 60606

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	248
Total Discharges 2017	253
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	2
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	2
Developmental Disability	0
Circulatory System	28
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	7
Other Medical Conditions	1
Non-Medical Conditions	3
TOTALS	58

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	72	72	58	72	58	14	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	58	72	58	14	72	72

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	3992	15.2%	2405	9.2%	0	0	16515	0	22912	87.2%	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	3992	15.2%	2405	9.2%	0	0	16515	0	22912	87.2%	87.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	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	9	7	0	0	0	0	0	0	9	7	16
85+	12	25	0	0	0	0	0	0	12	25	37
TOTALS	24	34	0	0	0	0	0	0	24	34	58

The Selfhelp Home
908 W. 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	14	5	0	0	39	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	14	5	0	0	39	0	58

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	276
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	49	0	0	0	49
Race Unknown	6	0	0	0	6
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	13.09
LPN's	4.46
Certified Aides	36.57
Other Health Staff	10.83
Non-Health Staff	60.11
Totals	127.06

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.1%	12.3%	0.0%	0.0%	58.6%	100.0%		
2,003,713	848,264	0	0	4,038,625	6,890,602	0	0.0%

*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. 60014

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
MS Registered Agent Services
191 North Wacker Drive, Suite 1800
Chicago, IL 60606

Date Questionnaire Completed 4/1/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	1
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	42
Total Admissions 2017	778
Total Discharges 2017	779
Residents on 12/31/2017	41

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	3
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	8
Respiratory System	8
Digestive System	0
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	12
Injuries and Poisonings	0
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	41

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	97	67	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	67	97	41	56	97	97

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	Occ. Pct.
Nursing Care	12553	35.5%	1698	4.8%	0	2847	2748	0	19846	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	12553	35.5%	1698	4.8%	0	2847	2748	0	19846	56.1%	56.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	1	0	0	0	0	0	0	2	1	3
65 to 74	1	3	0	0	0	0	0	0	1	3	4
75 to 84	5	7	0	0	0	0	0	0	5	7	12
85+	8	13	0	0	0	0	0	0	8	13	21
TOTALS	16	25	0	0	0	0	0	0	16	25	41

The Springs at Crystal Lake
1000 E. Brighton Lane
Crystal Lake, IL. 60014

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	12	9	0	10	10	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	12	9	0	10	10	0	41

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	353	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	17.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	5.00
Non-Health Staff	21.50
Totals	62.50

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
75.9%	3.1%	0.0%	12.7%	8.3%	100.0%		
7,443,277	302,065	0	1,244,486	818,145	9,807,973	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Springs at Monarch Landing
2308 North Route
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
Richard Nolden

Contact Person and Telephone
Richard Nolden
630-300-1127

Registered Agent Information

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	82
Total Admissions 2017	534
Total Discharges 2017	536
Residents on 12/31/2017	80

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	5
Developmental Disability	0
Circulatory System	26
Respiratory System	6
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	5
Other Medical Conditions	4
Non-Medical Conditions	1
TOTALS	80

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	92	96	80	16	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	96	92	96	80	16	96	4

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6569	18.7%	730	50.0%	0	1730	21245	0	30274	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	6569	18.7%	730	50.0%	0	1730	21245	0	30274	86.4%	86.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	5	0	0	0	0	0	0	2	5	7
75 to 84	4	13	0	0	0	0	0	0	4	13	17
85+	10	43	0	0	0	0	0	0	10	43	53
TOTALS	16	64	0	0	0	0	0	0	16	64	80

The Springs at Monarch Landing
2308 North Route
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	19	2	0	3	56	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	19	2	0	3	56	0	80

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	360	322
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	1	0	0	0	1
White	77	0	0	0	77
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	9.40
LPN's	11.00
Certified Aides	29.00
Other Health Staff	38.00
Non-Health Staff	8.20
Totals	97.60

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
37.5%	1.3%	0.0%	10.2%	51.1%	100.0%		
1,734,806	58,243	0	469,993	2,365,914	4,628,956	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The 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 Ste A&B
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	84
Total Admissions 2017	112
Total Discharges 2017	114
Residents on 12/31/2017	82

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	8
Blood Disorders	3
*Nervous System Non Alzheimer	11
Alzheimer Disease	14
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	7
Digestive System	2
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	82

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	115	115	93	115	82	33	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	93	115	82	33	0	115

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2753	0.0%	4754	11.3%	18546	0	5035	0	31088	74.1%	74.1%
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	2753	0.0%	4754	11.3%	18546	0	5035	0	31088	74.1%	74.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	1	0	0	0	0	0	0	3	1	4
65 to 74	6	6	0	0	0	0	0	0	6	6	12
75 to 84	7	27	0	0	0	0	0	0	7	27	34
85+	12	17	0	0	0	0	0	0	12	17	29
TOTALS	29	53	0	0	0	0	0	0	29	53	82

The 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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	13	47	0	11	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	11	13	47	0	11	0	82

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	142
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	46	0	0	0	46
Race Unknown	15	0	0	0	15
Total	82	0	0	0	82

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	15	0	0	0	15
Non-Hispanic	67	0	0	0	67
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	10.44
LPN's	6.97
Certified Aides	31.93
Other Health Staff	3.80
Non-Health Staff	32.40
Totals	87.54

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
28.2%	58.4%	1.0%	0.0%	12.4%	100.0%		
1,700,271	3,521,416	62,598	0	749,030	6,033,315	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 St
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
208 S LaSalle St, Ste 814
Chicago, IL 60604

Date Questionnaire Completed 3/21/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	292
Total Discharges 2017	290
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	13
Mental Illness	2
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	10
Other Medical Conditions	4
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	50	50	48	50	46	4	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	48	50	46	4	50	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5912	32.4%	0	0.0%	0	170	10781	0	16863	92.4%	92.4%
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	5912	32.4%	0	0.0%	0	170	10781	0	16863	92.4%	92.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	10	5	0	0	0	0	0	0	10	5	15
85+	15	14	0	0	0	0	0	0	15	14	29
TOTALS	26	20	0	0	0	0	0	0	26	20	46

The Terraces at The Clare
55 E Pearson St
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	15	0	0	1	30	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	15	0	0	1	30	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	480	400
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	42	0	0	0	42
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	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	14.20
LPN's	0.16
Certified Aides	21.24
Other Health Staff	11.76
Non-Health Staff	58.34
Totals	107.70

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
44.9%	0.0%	0.0%	7.3%	47.8%	100.0%		
3,591,639	0	0	582,886	3,820,573	7,995,098	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The United Methodist Village
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
Ashli Wesley

Contact Person and Telephone
Katy Dining
618-943-3444

Registered Agent Information
Ashli Wesley
2101 James Street
Lawrenceville, IL 62439

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	54
Total Admissions 2017	90
Total Discharges 2017	80
Residents on 12/31/2017	64

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	10
Mental Illness	6
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	1
Other Medical Conditions	18
Non-Medical Conditions	0
TOTALS	64

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	63	98	64	34	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	63	98	64	34	98	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7	0.0%	33	0.1%	0	0	24	0	64	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	7	0.0%	33	0.1%	0	0	24	0	64	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	5	0	0	0	0	0	0	1	5	6
75 to 84	5	9	0	0	0	0	0	0	5	9	14
85+	12	29	0	0	0	0	0	0	12	29	41
TOTALS	20	44	0	0	0	0	0	0	20	44	64

The United Methodist Village
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	7	33	0	0	24	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	33	0	0	24	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	3	0	0	0	3
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	1.00
Director of Nursing	1.00
Registered Nurses	10.20
LPN's	13.80
Certified Aides	44.40
Other Health Staff	12.30
Non-Health Staff	58.90
Totals	142.60

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
15.5%	13.8%	11.2%	9.8%	49.7%	100.0%		
453,270	403,437	329,248	288,452	1,459,188	2,933,595	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Villa at South Holland
16300 Wausau Avenue
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
Lucille J.Hoffman

Contact Person and Telephone
Lucille J. Hoffman
708-225-6130

Registered Agent Information
Julie Flaherty Cheatham
3755 West Chase Ave.
Skokie, IL 60076

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	374
Total Discharges 2017	370
Residents on 12/31/2017	109

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	1
*Nervous System Non Alzheimer	15
Alzheimer Disease	3
Mental Illness	21
Developmental Disability	0
Circulatory System	26
Respiratory System	8
Digestive System	3
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	109

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	145	109	171	109	62	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	145	109	171	109	62	171	171

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	8	23	0	0	0	0	0	0	8	23	31
75 to 84	12	24	0	0	0	0	0	0	12	24	36
85+	4	32	0	0	0	0	0	0	4	32	36
TOTALS	26	83	0	0	0	0	0	0	26	83	109

The Villa at South Holland
16300 Wausau Avenue
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	12	97	0	0	0	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	12	97	0	0	0	0	109

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	268
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	83	0	0	0	83
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
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	3	0	0	0	3
Non-Hispanic	106	0	0	0	106
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	6.00
LPN's	23.00
Certified Aides	27.00
Other Health Staff	12.00
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
48.3%	38.3%	9.7%	0.2%	3.5%	100.0%		
5,909,167	4,688,082	1,188,973	26,394	428,825	12,241,441	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Villa at Windsor Park
2649 E 75th Street
Chicago, IL. 60649

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
Illinois Corporation Service
801 Adlai Stevenson Dr.
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	191
Total Admissions 2017	374
Total Discharges 2017	374
Residents on 12/31/2017	191

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	25
Blood Disorders	0
*Nervous System Non Alzheimer	41
Alzheimer Disease	0
Mental Illness	37
Developmental Disability	0
Circulatory System	53
Respiratory System	7
Digestive System	3
Genitourinary System Disorders	10
Skin Disorders	2
Musculo-skeletal Disorders	3
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	191

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	240	220	207	220	191	49	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	207	220	191	49	240	240

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8704	9.9%	16834	19.2%	37236	2177	2520	0	67471	77.0%	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	8704	9.9%	16834	19.2%	37236	2177	2520	0	67471	77.0%	84.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	6	0	0	0	0	0	0	14	6	20
60 to 64	10	9	0	0	0	0	0	0	10	9	19
65 to 74	24	16	0	0	0	0	0	0	24	16	40
75 to 84	16	35	0	0	0	0	0	0	16	35	51
85+	11	44	0	0	0	0	0	0	11	44	55
TOTALS	78	113	0	0	0	0	0	0	78	113	191

The Villa at Windsor Park
2649 E 75th Street
Chicago, IL. 60649

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	20	44	115	3	9	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	20	44	115	3	9	0	191

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	243	189
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	183	0	0	0	183
Hawaiian/Pacific Isl.	0	0	0	0	0
White	5	0	0	0	5
Race Unknown	3	0	0	0	3
Total	191	0	0	0	191

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	187	0	0	0	187
Ethnicity Unknown	3	0	0	0	3
Total	191	0	0	0	191

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	10.80
LPN's	25.63
Certified Aides	59.72
Other Health Staff	5.18
Non-Health Staff	34.10
Totals	138.43

NET REVENUE BY PAYOR 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%	58.8%	4.3%	0.6%	3.3%	100.0%		
5,323,537	9,481,863	699,424	92,771	530,201	16,127,796	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

The Village at Victory Lakes
1055 E 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 4/12/2019

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 - 2018

Residents on 1/1/2017	80
Total Admissions 2017	854
Total Discharges 2017	844
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	14
Developmental Disability	0
Circulatory System	22
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	2
Musculo-skeletal Disorders	8
Injuries and Poisonings	14
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	90

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	118	118	105	118	90	28	60	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	118	118	105	118	90	28	60	24

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11724	53.5%	6059	69.2%	142	2459	13138	0	33522	77.8%	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	11724	53.5%	6059	69.2%	142	2459	13138	0	33522	77.8%	77.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	0	2	0	2
65 to 74	6	5	0	0	0	0	0	0	6	5	11
75 to 84	11	18	0	0	0	0	0	0	11	18	29
85+	10	36	0	0	0	0	0	0	10	36	46
TOTALS	31	59	0	0	0	0	0	0	31	59	90

The Village at Victory Lakes
1055 E 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	29	18	1	9	33	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	29	18	1	9	33	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	423	348
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	2	0	0	0	2
White	86	0	0	0	86
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	27.00
LPN's	9.00
Certified Aides	56.00
Other Health Staff	14.00
Non-Health Staff	34.00
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
49.3%	7.0%	0.0%	10.4%	33.4%	100.0%		
6,112,995	862,967	0	1,290,019	4,145,817	12,411,798	282,297	2.3%

*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 4/18/2019

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 - 2018

Residents on 1/1/2017	130
Total Admissions 2017	121
Total Discharges 2017	127
Residents on 12/31/2017	124

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	30
Mental Illness	50
Developmental Disability	5
Circulatory System	20
Respiratory System	2
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	124

Total Residents Diagnosed as Mentally Ill 50

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	141	141	137	141	124	17	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	137	141	124	17	37	141

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	4280	31.7%	41154	80.0%	128	0	2485	0	48047	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	4280	31.7%	41154	80.0%	128	0	2485	0	48047	93.4%	93.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	8	0	0	0	0	0	0	10	8	18
60 to 64	7	8	0	0	0	0	0	0	7	8	15
65 to 74	17	31	0	0	0	0	0	0	17	31	48
75 to 84	7	19	0	0	0	0	0	0	7	19	26
85+	5	9	0	0	0	0	0	0	5	9	14
TOTALS	47	77	0	0	0	0	0	0	47	77	124

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	6	110	0	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	6	110	0	0	8	0	124

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	86	0	0	0	86
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	9	0	0	0	9
Non-Hispanic	115	0	0	0	115
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	0.00
LPN's	0.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	2.00

NET REVENUE BY PAYOR 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%	84.9%	2.8%	0.0%	5.4%	100.0%		
537,909	6,601,727	220,904	0	419,740	7,780,280	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 4/4/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	74.9%	0.5%	0.0%	24.6%	100.0%		
0	499,010	3,208	0	163,588	665,806	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Thomas Herbstritt House
4003 N Rt 1&17, PO 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 x 1368

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

Date Questionnaire Completed 3/8/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5222	89.4%	0	0	0	0	5222	89.4%	89.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5222	89.4%	0	0	0	0	5222	89.4%	89.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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 N Rt 1&17, PO 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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	152	152
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.50
Registered Nurses	0.20
LPN's	0.20
Certified Aides	0.00
Other Health Staff	7.89
Non-Health Staff	1.00
Totals	10.29

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	760,290	0	0	0	760,290	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
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
815-472-3700 x 1370

Registered Agent Information
Bruce Fitzpatrick
PO Box 260
Momence, IL 60954

Date Questionnaire Completed 3/8/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4810	82.4%	0	0	0	0	4810	82.4%	82.4%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4810	82.4%	0	0	0	0	4810	82.4%	82.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	3	0	0	0	3	0	3
65 to 74	0	0	0	0	5	0	0	0	5	0	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	16	0	0	0	16	0	16

Thomas Lombard House
4129A North Rt 1&17
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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	147	147
Sheltered Care	0	0

RESIDENTS BY 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	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	0.50
Physicians	0.00
Director of Nursing	0.50
Registered Nurses	0.20
LPN's	0.20
Certified Aides	0.00
Other Health Staff	7.36
Non-Health Staff	1.00
Totals	9.76

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
0.0%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	721,818	0	0	0	721,818	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Three Crowns Park
2323 McDaniel Ave.
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
224-420-3024

Registered Agent Information
Philip Hemmer
2323 McDaniel Avenue
Evanston, IL 60201

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	105
Total Admissions 2017	49
Total Discharges 2017	60
Residents on 12/31/2017	94

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	15
Mental Illness	5
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	0
Non-Medical Conditions	0
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	49	49	49	49	42	7	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	54	82	52	30		
TOTAL BEDS	131	131	103	131	94	37	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	3	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	51	1	52	0.2%	0.2%
TOTALS	0	0.0%	0	0.0%	0	0	90	4	94	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	0	4	4
75 to 84	3	2	0	0	0	0	3	4	6	6	12
85+	12	25	0	0	0	0	8	33	20	58	78
TOTALS	15	29	0	0	0	0	11	39	26	68	94

Three Crowns Park
2323 McDaniel Ave.
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	3	42
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	51	1	52
TOTALS	0	0	0	0	90	4	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	399	343
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	143

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	50	94
Race Unknown	0	0	0	0	0
Total	44	0	0	50	94

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	5.50
Certified Aides	21.50
Other Health Staff	4.70
Non-Health Staff	41.80
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
0.0%	0.0%	0.0%	0.0%	100.0%	100.0%		
0	0	0	0	7,105,228	7,105,228	151,143	2.1%

*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 4/10/2019

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 - 2018

Residents on 1/1/2017	58
Total Admissions 2017	60
Total Discharges 2017	64
Residents on 12/31/2017	54

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	8
Mental Illness	18
Developmental Disability	0
Circulatory System	8
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	54

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	83	83	54	83	54	29	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	54	83	54	29	17	83

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1109	17.9%	10876	35.9%	0	0	8584	0	20569	67.9%	67.9%
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	1109	17.9%	10876	35.9%	0	0	8584	0	20569	67.9%	67.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
75 to 84	6	11	0	0	0	0	0	0	6	11	17
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	17	37	0	0	0	0	0	0	17	37	54

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	27	0	0	25	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	27	0	0	25	0	54

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	173	158
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	54	0	0	0	54
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	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	16.00
Certified Aides	34.00
Other Health Staff	2.00
Non-Health Staff	28.00
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
10.0%	43.0%	0.0%	4.8%	42.2%	100.0%		
298,036	1,279,430	0	141,674	1,256,216	2,975,356	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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5462	93.5%	0	0	0	0	5462	93.5%	93.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5462	93.5%	0	0	0	0	5462	93.5%	93.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	3	1	0	0	3	1	4
60 to 64	0	0	0	0	3	0	0	0	3	0	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	150	150
Sheltered Care	0	0

RESIDENTS BY 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	10.00
Other Health Staff	2.25
Non-Health Staff	3.00
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%	82.7%	17.2%	0.0%	0.1%	100.0%		
0	693,626	144,276	0	685	838,587	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
217-653-1000

Registered Agent Information
SHERWIN RAY
2201 MAIN
Evanston, IL 60202

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	66
Total Discharges 2017	75
Residents on 12/31/2017	72

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	22
Blood Disorders	6
*Nervous System Non Alzheimer	10
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	4
Respiratory System	3
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	2
Musculo-skeletal Disorders	14
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	2
TOTALS	72

Total Residents Diagnosed as Mentally Ill 45

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	110	81	110	81	29	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	81	110	81	29	110	110

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	287	0.7%	1511	3.8%	0	40	255	0	2093	5.2%	5.2%
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	287	0.7%	1511	3.8%	0	40	255	0	2093	5.2%	5.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	5	0	0	0	0	0	0	5	5	10
65 to 74	7	12	0	0	0	0	0	0	7	12	19
75 to 84	6	6	0	0	0	0	0	0	6	6	12
85+	5	14	0	0	0	0	0	0	5	14	19
TOTALS	31	41	0	0	0	0	0	0	31	41	72

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	10	49	0	2	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	10	49	0	2	11	0	72

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	175	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0	0	0	0	0
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	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	8.00
Certified Aides	25.00
Other Health Staff	0.00
Non-Health Staff	32.00
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
24.8%	60.9%	0.0%	4.7%	9.6%	100.0%		
1,311,503	3,214,075	0	248,609	505,281	5,279,468	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Timbereek Rehab and Healthcare
2220 State Street
Pekin, IL. 61554

Reference Numbers

Facility ID	6007330	
Health Service Area	002	
Planning Service Area	179	Tazewell
County	179	Tazewell County

Administrator
Jeremy Woodle

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	69
Total Admissions 2017	69
Total Discharges 2017	73
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	6
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	36
Respiratory System	0
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	4
Non-Medical Conditions	0
TOTALS	65

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	202	202	75	202	65	137	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	75	202	65	137	202	202

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1856	2.5%	20449	27.7%	0	0	816	0	23121	31.4%	31.4%
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	1856	2.5%	20449	27.7%	0	0	816	0	23121	31.4%	31.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	16	12	0	0	0	0	0	0	16	12	28
85+	5	8	0	0	0	0	0	0	5	8	13
TOTALS	33	32	0	0	0	0	0	0	33	32	65

Timbereek Rehab and Healthcare
2220 State Street
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	55	5	0	1	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	55	5	0	1	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	63	0	0	0	63
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	65	0	0	0	65
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	2.00
LPN's	18.00
Certified Aides	47.00
Other Health Staff	2.00
Non-Health Staff	45.00
Totals	116.00

NET REVENUE BY PAYOR 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%	86.3%	0.0%	0.1%	3.9%	100.0%		
306,280	2,728,863	0	3,297	122,137	3,160,577	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
Angela Moore

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5401	92.5%	0	0	0	0	5401	92.5%	92.5%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5401	92.5%	0	0	0	0	5401	92.5%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	1	4	5
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	8	7	0	0	8	7	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	9	0	9
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%	88.0%	0.9%	0.0%	11.1%	100.0%		
0	797,768	8,221	0	100,398	906,387	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Toulon Rehabilitation & Health Care Center
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 L 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 3/25/2019

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	69
Total Discharges 2017	77
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	28
Developmental Disability	1
Circulatory System	10
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	67

Total Residents Diagnosed as Mentally Ill 28

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	82	136	67	69	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	82	136	67	69	82	136

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1309	4.4%	19570	39.4%	0	49	6916	0	27844	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	1309	4.4%	19570	39.4%	0	49	6916	0	27844	56.1%	56.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	0	4	0	0	0	0	0	0	0	4	4
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	8	11	0	0	0	0	0	0	8	11	19
85+	1	16	0	0	0	0	0	0	1	16	17
TOTALS	18	49	0	0	0	0	0	0	18	49	67

Toulon Rehabilitation & Health Care Center
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	3	44	0	0	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	3	44	0	0	20	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	65	0	0	0	65
Race Unknown	1	0	0	0	1
Total	67	0	0	0	67

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	1	0	0	0	1
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	16.00
Other Health Staff	2.00
Non-Health Staff	27.00
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
4.9%	67.1%	0.0%	0.1%	27.8%	100.0%		
188,282	2,556,192	0	4,294	1,060,840	3,809,608	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tower Hill Healthcare Center
759 Kane St.
South Elgin, IL. 60177

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 4/25/2019

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 - 2018

Residents on 1/1/2017	159
Total Admissions 2017	127
Total Discharges 2017	122
Residents on 12/31/2017	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
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	0
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	0
Other Medical Conditions	159
Non-Medical Conditions	0
TOTALS	164

Total Residents Diagnosed as Mentally Ill 147

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	171	206	164	42	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	171	206	164	42	206	206

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	24349	32.4%	25877	34.4%	0	0	9181	0	59407	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	24349	32.4%	25877	34.4%	0	0	9181	0	59407	79.0%	79.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	13	19	0	0	0	0	0	0	13	19	32
75 to 84	14	46	0	0	0	0	0	0	14	46	60
85+	13	49	0	0	0	0	0	0	13	49	62
TOTALS	45	119	0	0	0	0	0	0	45	119	164

Tower Hill Healthcare Center
759 Kane St.
South Elgin, IL. 60177

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	65	69	0	0	30	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	65	69	0	0	30	0	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	205
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	155	0	0	0	155
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	0	0	0	0	0
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	164	0	0	0	164
Total	164	0	0	0	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	14.00
LPN's	14.00
Certified Aides	18.00
Other Health Staff	0.00
Non-Health Staff	125.00
Totals	174.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.5%	31.0%	0.0%	0.0%	17.5%	100.0%		
5,865,349	3,530,864	0	0	1,999,924	11,396,137	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Transitional Care Arlington Heights
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
Michelle Stuercke

Contact Person and Telephone
Michelle Stuercke
847-977-8590

Registered Agent Information
Marilyn Dunn
55 W. Monroe Strett Suite 2400
Chicago, IL 60603

Date Questionnaire Completed 4/14/2019

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	1,438
Total Discharges 2017	1,438
Residents on 12/31/2017	67

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	1
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	18
Respiratory System	12
Digestive System	9
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	19
Injuries and Poisonings	1
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	120	0	0	120	67	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	120	0	0	120	67	53		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	15222	0.0%	15	0.0%	0	3639	767	0	19643	44.8%	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	15222	0.0%	15	0.0%	0	3639	767	0	19643	44.8%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	4	0	0	0	0	0	0	0	4	4
45 to 59	4	0	0	0	0	0	0	0	4	0	4
60 to 64	4	0	0	0	0	0	0	0	4	0	4
65 to 74	6	7	0	0	0	0	0	0	6	7	13
75 to 84	12	10	0	0	0	0	0	0	12	10	22
85+	9	11	0	0	0	0	0	0	9	11	20
TOTALS	35	32	0	0	0	0	0	0	35	32	67

Transitional Care Arlington Heights
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	47	0	0	19	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	47	0	0	19	1	0	67

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	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	35.36
LPN's	9.70
Certified Aides	30.68
Other Health Staff	37.42
Non-Health Staff	50.25
Totals	165.41

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%	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.

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 Dillon

Contact Person and Telephone
Lisa Dillon
815-717-3770

Registered Agent Information

Date Questionnaire Completed 4/10/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	1	0	0	8	1	9
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	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

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	10	0	10
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	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	11.00
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%	81.6%	18.4%	0.0%	0.0%	100.0%		
0	732,894	165,447	0	0	898,341	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

Date Questionnaire Completed 4/10/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	9	1	0	0	9	1	10
60 to 64	0	0	0	0	3	2	0	0	3	2	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	12	4	0	0	12	4	16

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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY 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	13	0	13
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	1.00
Registered Nurses	1.00
LPN's	2.00
Certified Aides	0.00
Other Health Staff	0.00
Non-Health Staff	12.00
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
0.0%	84.7%	15.3%	0.0%	0.0%	100.0%		
0	749,141	135,273	0	0	884,414	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Tri-State Village Nursing & Rehabilitation Center
2500 East 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
CT Corporation System
208 South LaSalle Street - Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/23/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	77
Total Admissions 2017	63
Total Discharges 2017	65
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	41
Respiratory System	15
Digestive System	2
Genitourinary System Disorders	4
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	75

Total Residents Diagnosed as Mentally Ill 58

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	84	84	79	84	75	9	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	79	84	75	9	56	84

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2765	13.5%	19128	62.4%	0	1846	1159	0	24898	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	2765	13.5%	19128	62.4%	0	1846	1159	0	24898	81.2%	81.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	7	0	0	0	0	0	0	3	7	10
60 to 64	4	4	0	0	0	0	0	0	4	4	8
65 to 74	8	6	0	0	0	0	0	0	8	6	14
75 to 84	2	23	0	0	0	0	0	0	2	23	25
85+	3	15	0	0	0	0	0	0	3	15	18
TOTALS	20	55	0	0	0	0	0	0	20	55	75

Tri-State Village Nursing & Rehabilitation Center
2500 East 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	15	46	0	4	10	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	15	46	0	4	10	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	275	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	34	0	0	0	34
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	3	0	0	0	3
Non-Hispanic	72	0	0	0	72
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	2.00
LPN's	15.00
Certified Aides	27.00
Other Health Staff	13.00
Non-Health Staff	13.00
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
22.1%	66.6%	0.0%	7.7%	3.6%	100.0%		
1,216,089	3,674,046	0	426,281	198,250	5,514,666	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 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5706	97.7%	0	0	0	0	5706	97.7%	97.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5706	97.7%	0	0	0	0	5706	97.7%	97.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	2	0	0	0	2	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	11	0	0	4	11	15

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	1.00
Physicians	0.25
Director of Nursing	0.00
Registered Nurses	0.25
LPN's	0.00
Certified Aides	8.00
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%	80.0%	0.8%	0.0%	19.2%	100.0%		
0	556,523	5,847	0	133,478	695,848	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 2/26/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	52
Total Discharges 2017	51
Residents on 12/31/2017	46

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	5
Mental Illness	1
Developmental Disability	2
Circulatory System	10
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	22
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	46

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	73	73	56	73	46	27	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	56	73	46	27	71	71

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	977	3.8%	6686	25.8%	0	19	8632	0	16314	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	977	3.8%	6686	25.8%	0	19	8632	0	16314	61.2%	61.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
75 to 84	2	6	0	0	0	0	0	0	2	6	8
85+	5	28	0	0	0	0	0	0	5	28	33
TOTALS	7	39	0	0	0	0	0	0	7	39	46

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	0	19	0	2	25	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	19	0	2	25	0	46

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.00
Registered Nurses	5.00
LPN's	6.00
Certified Aides	17.00
Other Health Staff	1.00
Non-Health Staff	18.00
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
3.8%	36.8%	0.0%	0.6%	58.7%	100.0%		
99,457	966,794	0	16,848	1,541,840	2,624,939	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 Avenue
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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/8/2019

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 - 2018

Residents on 1/1/2017	42
Total Admissions 2017	42
Total Discharges 2017	41
Residents on 12/31/2017	43

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	17
Mental Illness	0
Developmental Disability	0
Circulatory System	19
Respiratory System	4
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	43

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	43	62	43	19	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	43	62	43	19	18	56

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1528	23.3%	11319	55.4%	0	0	1898	0	14745	65.2%	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	1528	23.3%	11319	55.4%	0	0	1898	0	14745	65.2%	65.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	1	3	0	0	0	0	0	0	1	3	4
60 to 64	4	1	0	0	0	0	0	0	4	1	5
65 to 74	2	6	0	0	0	0	0	0	2	6	8
75 to 84	4	11	0	0	0	0	0	0	4	11	15
85+	3	6	0	0	0	0	0	0	3	6	9
TOTALS	16	27	0	0	0	0	0	0	16	27	43

Twin Lakes Rehab & Health Care
310 S Eads Avenue
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	34	1	0	5	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	34	1	0	5	0	43

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	43	0	0	0	43
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	9.00
LPN's	6.00
Certified Aides	29.00
Other Health Staff	5.00
Non-Health Staff	21.00
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
13.1%	71.5%	0.0%	0.0%	15.5%	100.0%		
270,927	1,483,445	0	648	320,924	2,075,944	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Twin Rivers Estate
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
Rachel Lollis

Contact Person and Telephone
Rachel Lollis
618-465-0044 x1609

Registered Agent Information

Date Questionnaire Completed 4/8/2019

ADMISSION RESTRICTIONS

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
LEVEL OF CARE	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Occ. Pct.	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			5250	89.9%	0	0	0	0	5250	89.9%	89.9%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5250	89.9%	0	0	0	0	5250	89.9%	89.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND
AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	4	4	0	0	4	4	8
45 to 59	0	0	0	0	4	2	0	0	4	2	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	8	7	0	0	8	7	15

Twin Rivers Estate
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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	124
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.33
Registered Nurses	0.33
LPN's	0.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	0.00
Totals	11.66

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%	79.9%	16.3%	0.0%	3.8%	100.0%		
0	525,104	106,862	0	24,989	656,955	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Twin Willows Nursing Center
1600 North Broadway

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 W. Main Street P.O. Box 1223
Salem, IL 62881

Date Questionnaire Completed 4/30/2019

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 - 2018

Residents on 1/1/2017	30
Total Admissions 2017	40
Total Discharges 2017	38
Residents on 12/31/2017	32

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	10
Mental Illness	12
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	2
Non-Medical Conditions	0
TOTALS	32

Total Residents Diagnosed as Mentally Ill 11

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	72	66	36	66	32	40	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	36	66	32	40	29	72

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1483	14.0%	5491	20.9%	0	210	3996	0	11180	42.5%	46.4%
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	1483	14.0%	5491	20.9%	0	210	3996	0	11180	42.5%	46.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	0	3	3
75 to 84	6	8	0	0	0	0	0	0	6	8	14
85+	4	10	0	0	0	0	0	0	4	10	14
TOTALS	11	21	0	0	0	0	0	0	11	21	32

Twin Willows Nursing Center
1600 North Broadway

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	3	17	0	1	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	17	0	1	11	0	32

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	138
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.10
LPN's	4.00
Certified Aides	12.80
Other Health Staff	2.30
Non-Health Staff	11.20
Totals	35.40

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
24.9%	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
618-833-4511 x4238

Registered Agent Information

Date Questionnaire Completed 3/8/2019

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 - 2018

Residents on 1/1/2017	14
Total Admissions 2017	11
Total Discharges 2017	8
Residents on 12/31/2017	17

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	7
Developmental Disability	0
Circulatory System	3
Respiratory System	0
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	17

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	22	22	17	22	17	5	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	17	22	17	5	0	10

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	1095	30.0%	0	0	4331	0	5426	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	0	0.0%	1095	30.0%	0	0	4331	0	5426	67.6%	67.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	0	12	0	0	0	0	0	0	0	12	12
TOTALS	2	15	0	0	0	0	0	0	2	15	17

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	14	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	0	3	0	0	14	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	17	0	0	0	17
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	2.00
LPN's	3.00
Certified Aides	10.00
Other Health Staff	0.00
Non-Health Staff	1.00
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
0.0%	20.5%	0.0%	0.0%	79.5%	100.0%		
0	148,547	0	0	574,382	722,929	0	0.0%

*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
Ginger Renkiewicz

Contact Person and Telephone
Michael Nesseler
309-779-2310

Registered Agent Information
Steve Gross
2701 17th Street
Rock Island, IL 61201

Date Questionnaire Completed 3/14/2019

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	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	7
Total Admissions 2017	341
Total Discharges 2017	337
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	0
Circulatory System	4
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	1
Other Medical Conditions	2
Non-Medical Conditions	2
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	29	29	11	29	11	18	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	11	29	11	18	29	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3267	30.9%	0	0.0%	0	249	6	0	3522	33.3%	33.3%
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	3267	30.9%	0	0.0%	0	249	6	0	3522	33.3%	33.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	0	1	2	3
75 to 84	1	2	0	0	0	0	0	0	1	2	3
85+	0	4	0	0	0	0	0	0	0	4	4
TOTALS	2	9	0	0	0	0	0	0	2	9	11

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	9	0	0	2	0	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	9	0	0	2	0	0	11

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	1063	1063
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.96
LPN's	8.46
Certified Aides	8.16
Other Health Staff	0.80
Non-Health Staff	0.00
Totals	24.38

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%	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 Transitional Care Center
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
Dr Keith Knepp

Contact Person and Telephone
Dana Polhemus
309-643-6092

Registered Agent Information
Dr. Keith Knepp
5409 N. Knoxville Ave
Peoria, IL 61614

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	22
Total Admissions 2017	654
Total Discharges 2017	655
Residents on 12/31/2017	21

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	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	6
Other Medical Conditions	6
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	43	43	21	0	21	22	25	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	21	0	21	22	25	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9494	104.0%	0	0.0%	0	384	0	0	9878	62.9%	62.9%
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	9494	104.0%	0	0.0%	0	384	0	0	9878	62.9%	62.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	2	5	0	0	0	0	0	0	2	5	7
85+	2	5	0	0	0	0	0	0	2	5	7
TOTALS	6	15	0	0	0	0	0	0	6	15	21

UnityPoint Health-Proctor Transitional Care Center
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	20	0	0	1	0	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	20	0	0	1	0	0	21

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	18	0	0	0	18
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	0.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.34
LPN's	7.10
Certified Aides	18.12
Other Health Staff	5.50
Non-Health Staff	1.06
Totals	43.12

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
89.6%	0.0%	0.0%	10.4%	0.0%	100.0%		
4,506,451	0	0	521,926	0	5,028,377	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

University Nursing & Rehab
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 North Ottawa St.
Joliet, IL 60432

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	73
Total Admissions 2017	146
Total Discharges 2017	129
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	6
Mental Illness	13
Developmental Disability	0
Circulatory System	23
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	9
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	86

Total Residents Diagnosed as Mentally Ill 13

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	122	102	86	102	86	36	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	102	86	102	86	36	118	118

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2711	6.3%	19335	44.9%	3540	3649	3596	0	32831	73.7%	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	2711	6.3%	19335	44.9%	3540	3649	3596	0	32831	73.7%	88.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	5	0	0	0	0	0	0	1	5	6
60 to 64	0	6	0	0	0	0	0	0	0	6	6
65 to 74	17	8	0	0	0	0	0	0	17	8	25
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	5	21	0	0	0	0	0	0	5	21	26
TOTALS	32	54	0	0	0	0	0	0	32	54	86

University Nursing & Rehab
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	7	50	17	1	8	3	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	50	17	1	8	3	86

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	205	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	80	0	0	0	80
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	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	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	4.00
LPN's	13.00
Certified Aides	27.00
Other Health Staff	2.00
Non-Health Staff	24.00
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
11.1%	26.0%	0.0%	4.4%	58.5%	100.0%		
866,533	2,034,282	0	345,344	4,584,688	7,830,847	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 - 2018

Residents on 1/1/2017	249
Total Admissions 2017	233
Total Discharges 2017	235
Residents on 12/31/2017	247

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	8
Endocrine/Metabolic	19
Blood Disorders	9
*Nervous System Non Alzheimer	25
Alzheimer Disease	0
Mental Illness	29
Developmental Disability	2
Circulatory System	44
Respiratory System	39
Digestive System	5
Genitourinary System Disorders	18
Skin Disorders	4
Musculo-skeletal Disorders	43
Injuries and Poisonings	2
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	247

Total Residents Diagnosed as Mentally Ill 29

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	310	298	282	298	247	63	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	298	282	298	247	63	310	310

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	9.0%	83195	73.5%	0	326	1293	0	94951	83.9%	87.3%
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	10137	9.0%	83195	73.5%	0	326	1293	0	94951	83.9%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	0	0	0	0	0	0	11	4	15
45 to 59	45	19	0	0	0	0	0	0	45	19	64
60 to 64	28	10	0	0	0	0	0	0	28	10	38
65 to 74	46	22	0	0	0	0	0	0	46	22	68
75 to 84	15	24	0	0	0	0	0	0	15	24	39
85+	10	13	0	0	0	0	0	0	10	13	23
TOTALS	155	92	0	0	0	0	0	0	155	92	247

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	17	191	0	4	35	0	247
Skilled Under 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	191	0	4	35	0	247

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	250
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	21	0	0	0	21
American Indian	1	0	0	0	1
Black	136	0	0	0	136
Hawaiian/Pacific Isl.	2	0	0	0	2
White	87	0	0	0	87
Race Unknown	0	0	0	0	0
Total	247	0	0	0	247

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	22	0	0	0	22
Non-Hispanic	225	0	0	0	225
Ethnicity Unknown	0	0	0	0	0
Total	247	0	0	0	247

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	28.00
Certified Aides	62.00
Other Health Staff	16.00
Non-Health Staff	49.00
Totals	176.00

NET REVENUE BY PAYOR 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%	76.9%	0.0%	1.7%	2.9%	100.0%		
3,153,334	13,057,634	0	282,976	496,422	16,990,366	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 4/4/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	5647	96.7%	96.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5647	96.7%	0	0	0	0	5647	96.7%	96.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	74.0%	1.3%	0.0%	24.7%	100.0%		
0	509,491	9,079	0	169,732	688,302	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 4/16/2019

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 - 2018

Residents on 1/1/2017	115
Total Admissions 2017	87
Total Discharges 2017	91
Residents on 12/31/2017	111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	10
Alzheimer Disease	7
Mental Illness	2
Developmental Disability	0
Circulatory System	35
Respiratory System	3
Digestive System	2
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	4
Other Medical Conditions	35
Non-Medical Conditions	0
TOTALS	111

Total Residents Diagnosed as Mentally Ill 105

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	125	128	111	17	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	125	128	111	17	128	128

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3888	8.3%	19915	42.6%	3660	387	14562	0	42412	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	3888	8.3%	19915	42.6%	3660	387	14562	0	42412	90.8%	90.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	16	0	0	0	0	0	0	4	16	20
85+	20	65	0	0	0	0	0	0	20	65	85
TOTALS	25	86	0	0	0	0	0	0	25	86	111

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	12	53	10	0	36	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	53	10	0	36	0	111

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	430	255
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	109	0	0	0	109
Race Unknown	1	0	0	0	1
Total	111	0	0	0	111

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	1	0	0	0	1
Total	111	0	0	0	111

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.25
LPN's	7.35
Certified Aides	44.81
Other Health Staff	6.84
Non-Health Staff	54.74
Totals	135.99

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
22.6%	38.1%	5.8%	2.3%	31.1%	100.0%		
2,397,359	4,031,397	615,625	248,856	3,298,839	10,592,076	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/24/2019

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 - 2018

Residents on 1/1/2017	53
Total Admissions 2017	61
Total Discharges 2017	56
Residents on 12/31/2017	58

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	10
Developmental Disability	0
Circulatory System	11
Respiratory System	4
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	50

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	116	116	58	116	50	66	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	58	116	50	66	57	116

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1534	7.4%	16005	37.8%	0	11	1744	0	19294	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	1534	7.4%	16005	37.8%	0	11	1744	0	19294	45.6%	45.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	5	0	0	0	0	0	0	4	5	9
65 to 74	8	4	0	0	0	0	0	0	8	4	12
75 to 84	8	5	0	0	0	0	0	0	8	5	13
85+	5	4	0	0	0	0	0	0	5	4	9
TOTALS	27	23	0	0	0	0	0	0	27	23	50

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	4	42	0	1	3	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	4	42	0	1	3	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	140
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	48	0	0	0	48
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	4.00
LPN's	9.00
Certified Aides	21.00
Other Health Staff	2.00
Non-Health Staff	18.00
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
7.9%	81.3%	0.0%	1.4%	9.5%	100.0%		
199,313	2,063,294	0	35,444	240,062	2,538,113	0	0.0%

*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 4/19/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	94
Total Discharges 2017	99
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	4
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	7
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	39

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	47	47	47	47	39	8	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	39	8	47	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2009	11.7%	0	0.0%	0	152	13204	0	15365	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	2009	11.7%	0	0.0%	0	152	13204	0	15365	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	8	31	0	0	0	0	0	0	8	31	39

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	0	0	1	32	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	6	0	0	1	32	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	16.50
LPN's	1.80
Certified Aides	24.60
Other Health Staff	0.00
Non-Health Staff	3.00
Totals	47.90

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
38.9%	0.0%	0.0%	2.5%	58.5%	100.0%		
1,481,049	0	0	95,728	2,226,285	3,803,062	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Victorian Manor
815 E 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 4/1/2019

ADMISSION RESTRICTIONS

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	2	0	0	2	2	4
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

Victorian Manor
815 E 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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	127	127
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	81.4%	0.0%	0.0%	18.6%	100.0%		
0	574,421	0	0	131,124	705,545	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Victorian Village Hlth & Well
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
David Tiemersma

Contact Person and Telephone
David Tiemersma
708-301-0800

Registered Agent Information
William D. DeYoung
18601 North Creek Drive
Tinley Park, IL 60477

Date Questionnaire Completed 4/22/2019

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 - 2018

Residents on 1/1/2017	45
Total Admissions 2017	659
Total Discharges 2017	654
Residents on 12/31/2017	50

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	5
Mental Illness	4
Developmental Disability	0
Circulatory System	6
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	1
Musculo-skeletal Disorders	1
Injuries and Poisonings	14
Other Medical Conditions	2
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	50	50	50	50	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	50	0		

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9307	0.0%	0	0.0%	0	0	2022	5450	16779	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	9307	0.0%	0	0.0%	0	0	2022	5450	16779	91.9%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	3	17	0	0	0	0	0	0	3	17	20
TOTALS	14	36	0	0	0	0	0	0	14	36	50

Victorian Village Hlth & Well
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	27	0	0	7	16	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	27	0	0	7	16	0	50

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	380	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	48	0	0	0	48
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	1	0	0	0	1
Non-Hispanic	49	0	0	0	49
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	11.20
LPN's	3.40
Certified Aides	28.00
Other Health Staff	3.80
Non-Health Staff	10.60
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
62.8%	0.0%	0.0%	12.2%	25.0%	100.0%		
5,263,946	0	0	1,026,527	2,096,525	8,386,998	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Villa at Palos Heights
12550 S. Ridgeland Ave
Palos Heights , IL. 60463

Reference Numbers

Facility ID	6007934	
Health Service Area	007	
Planning Service Area	705	Planning Area 7-E
County	031	Worth Township

Administrator
Nancy McDonald

Contact Person and Telephone
Nancy McDonald
630-327-5819

Registered Agent Information
Much Shelist P.C.
191 Wacker Drive 1800
Chicago, IL 60606

Date Questionnaire Completed 5/15/2019

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 - 2018

Residents on 1/1/2017	67
Total Admissions 2017	366
Total Discharges 2017	368
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	2
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	5
Digestive System	2
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	12
Non-Medical Conditions	6
TOTALS	65

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	101	86	76	86	65	36	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	101	86	76	86	65	36	111	111

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11265	27.8%	8852	21.8%	5	1678	3825	0	25625	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	11265	27.8%	8852	21.8%	5	1678	3825	0	25625	69.5%	81.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	6	0	0	0	0	0	0	2	6	8
60 to 64	8	11	0	0	0	0	0	0	8	11	19
65 to 74	6	9	0	0	0	0	0	0	6	9	15
75 to 84	3	9	0	0	0	0	0	0	3	9	12
85+	2	9	0	0	0	0	0	0	2	9	11
TOTALS	21	44	0	0	0	0	0	0	21	44	65

Villa at Palos Heights
12550 S. Ridgeland Ave
Palos Heights , IL. 60463

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	21	24	0	8	12	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	21	24	0	8	12	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	48	0	0	0	48
Race Unknown	2	0	0	0	2
Total	65	0	0	0	65

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	58	0	0	0	58
Ethnicity Unknown	2	0	0	0	2
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	11.00
LPN's	19.00
Certified Aides	25.00
Other Health Staff	11.00
Non-Health Staff	56.00
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
58.6%	16.7%	2.8%	11.4%	10.4%	100.0%		
4,678,862	1,336,654	220,793	911,596	833,936	7,981,841	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
Rebecca Howard
309-823-7139

Registered Agent Information
Richard Edwards
101 Villa Parkway
Sherman, IL 62684

Date Questionnaire Completed

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 - 2018

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	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	21
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	6
Skin Disorders	2
Musculo-skeletal Disorders	13
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	36
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	85	109	85	24	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	109	109	85	109	85	24	109	99

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3837	9.6%	13037	36.1%	0	0	15065	0	31939	80.3%	80.3%
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	3837	9.6%	13037	36.1%	0	0	15065	0	31939	80.3%	80.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	1	4	0	0	0	0	0	0	1	4	5
75 to 84	7	14	0	0	0	0	0	0	7	14	21
85+	8	48	0	0	0	0	0	0	8	48	56
TOTALS	18	67	0	0	0	0	0	0	18	67	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	11	40	0	5	29	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	11	40	0	5	29	0	85

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	217	201
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	18.00
Certified Aides	45.00
Other Health Staff	2.00
Non-Health Staff	30.00
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
28.4%	24.1%	0.0%	0.0%	47.5%	100.0%		
2,170,373	1,839,051	0	0	3,632,946	7,642,370	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.
St. Louis, MO 63141

Date Questionnaire Completed 3/29/2019

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 - 2018

Residents on 1/1/2017	128
Total Admissions 2017	322
Total Discharges 2017	312
Residents on 12/31/2017	138

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	3
Blood Disorders	2
*Nervous System Non Alzheimer	13
Alzheimer Disease	1
Mental Illness	37
Developmental Disability	0
Circulatory System	31
Respiratory System	18
Digestive System	3
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	12
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	138

Total Residents Diagnosed as Mentally Ill 37

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	156	156	141	156	138	18	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	141	156	138	18	158	152

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7610	13.2%	23810	42.9%	0	1191	13663	0	46274	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	7610	13.2%	23810	42.9%	0	1191	13663	0	46274	81.3%	81.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	2	0	0	0	0	0	0	4	2	6
65 to 74	4	13	0	0	0	0	0	0	4	13	17
75 to 84	38	16	0	0	0	0	0	0	38	16	54
85+	49	10	0	0	0	0	0	0	49	10	59
TOTALS	96	42	0	0	0	0	0	0	96	42	138

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	25	74	0	6	33	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	25	74	0	6	33	0	138

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	249	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	138	0	0	0	138
Race Unknown	0	0	0	0	0
Total	138	0	0	0	138

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	138	0	0	0	138
Ethnicity Unknown	0	0	0	0	0
Total	138	0	0	0	138

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.00
LPN's	18.00
Certified Aides	55.00
Other Health Staff	3.00
Non-Health Staff	47.00
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
42.5%	36.8%	0.6%	2.4%	17.7%	100.0%		
4,422,531	3,828,376	64,365	248,536	1,836,248	10,400,056	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walker Nursing Home
530 East Beardstoiwn Street
Virginia, IL. 62691

Reference Numbers

Facility ID	6009682	
Health Service Area	003	
Planning Service Area	017	Cass
County	017	Cass County

Administrator
Rachel White

Contact Person and Telephone
Bryan White
217-452-3218

Registered Agent Information
John Leahy
2319 West Jefferson Street
Springfield, IL 62702

Date Questionnaire Completed 3/1/2019

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 - 2018

Residents on 1/1/2017	41
Total Admissions 2017	22
Total Discharges 2017	24
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	1
Circulatory System	4
Respiratory System	2
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	10
Injuries and Poisonings	0
Other Medical Conditions	6
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	71	58	44	5	39	32	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	58	44	5	39	32	71	71

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1023	3.9%	6658	25.7%	0	0	6773	0	14454	55.8%	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	1023	3.9%	6658	25.7%	0	0	6773	0	14454	55.8%	68.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	4	6	0	0	0	0	0	0	4	6	10
85+	5	18	0	0	0	0	0	0	5	18	23
TOTALS	13	26	0	0	0	0	0	0	13	26	39

Walker Nursing Home
530 East Beardstoiwn 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	2	19	0	0	18	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	2	19	0	0	18	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	180
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0	0	0	0	0
Ethnicity Unknown	39	0	0	0	39
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	4.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	15.00
Non-Health Staff	0.00
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
19.1%	19.6%	0.0%	0.0%	61.3%	100.0%		
510,846	525,995	0	0	1,641,958	2,678,799	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walnut Acres
2806 South 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 Cormican

Contact Person and Telephone
Cheryl Cormican
815-235-6173

Registered Agent Information
William Hadley
50 W Douglas Street, Suite 1002
Freeport, IL 61032

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	107
Total Admissions 2017	96
Total Discharges 2017	100
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	7
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	28
Mental Illness	8
Developmental Disability	2
Circulatory System	14
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	6
Injuries and Poisonings	10
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	103

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	148	0	0	148	103	45	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	103	45	148	148

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1449	2.7%	24450	45.3%	70	0	0	0	25969	48.1%	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	1449	2.7%	24450	45.3%	70	0	0	0	25969	48.1%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	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	24	19	0	0	0	0	0	0	24	19	43
85+	11	23	0	0	0	0	0	0	11	23	34
TOTALS	49	54	0	0	0	0	0	0	49	54	103

Walnut Acres
2806 South 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	4	67	7	0	25	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	4	67	7	0	25	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	180	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	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	13.00
LPN's	7.00
Certified Aides	37.00
Other Health Staff	0.00
Non-Health Staff	34.00
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
11.5%	36.1%	8.3%	0.0%	44.1%	100.0%		
602,474	1,881,845	433,816	0	2,300,072	5,218,207	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Walsh Home
6300 N. Ridge Ave.
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 DeCarlo

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 3/26/2019

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 - 2018

Residents on 1/1/2017	15
Total Admissions 2017	1
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 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	15	15	13	15	13	2		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	15	15	13	15	13	2	0	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5247	#Div/0!	0	0	0	0	5247	95.8%	95.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5247	0.0%	0	0	0	0	5247	95.8%	95.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	4	0	0	3	4	7
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	8	5	0	0	8	5	13

Walsh Home
6300 N. Ridge Ave.
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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	247	247
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	13	0	13
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	0.36
Physicians	0.08
Director of Nursing	0.25
Registered Nurses	1.61
LPN's	0.25
Certified Aides	15.92
Other Health Staff	5.20
Non-Health Staff	5.18
Totals	28.85

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
0.0%	80.3%	0.0%	0.0%	19.7%	100.0%		
0	801,456	0	0	196,090	997,546	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 4/4/2019

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 - 2018

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 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	0	0	16	0		16
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	16	16	0	0	16	0	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5735	98.2%	0	0	0	0	5735	98.2%	98.2%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5735	98.2%	0	0	0	0	5735	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	2	0	0	0	2	0	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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%	75.5%	0.9%	0.0%	23.6%	100.0%		
0	518,552	6,496	0	161,763	686,811	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 E. 7th Street
Cincinnati, OH 45202

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	95
Total Admissions 2017	5
Total Discharges 2017	8
Residents on 12/31/2017	92

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	92
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
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	0	0	0	0	0	0	0	0
Skilled Under 22	99	99	92	99	92	7		93
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	99	99	92	99	92	7	0	93

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			34238	######	0	0	0	0	34238	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%	34238	######	0	0	0	0	34238	94.8%	94.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	15	13	0	0	0	0	15	13	28
18 to 44	0	0	41	19	0	0	0	0	41	19	60
45 to 59	0	0	1	3	0	0	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	57	35	0	0	0	0	57	35	92

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	0	0	0	0	0	0
Skilled Under 22	0	92	0	0	0	0	92
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	92	0	0	0	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	270	193
Intermediate DD	0	0
Sheltered Care	0	0

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	1	0	0	1
Black	0	18	0	0	18
Hawaiian/Pacific Isl.	0	1	0	0	1
White	0	62	0	0	62
Race Unknown	0	9	0	0	9
Total	0	92	0	0	92

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	4	0	0	4
Non-Hispanic	0	88	0	0	88
Ethnicity Unknown	0	0	0	0	0
Total	0	92	0	0	92

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	8.25
Certified Aides	73.00
Other Health Staff	9.00
Non-Health Staff	21.75
Totals	126.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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%	25.2%	0.0%	2.2%	100.0%		
0	6,996,335	2,432,704	0	216,056	9,645,095	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr Gold Coast
66 W Oak St
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
Crystal Shelby

Contact Person and Telephone
Staci Palmer
312-705-5100

Registered Agent Information
Illinois Corporation Services Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	212
Total Admissions 2017	1,098
Total Discharges 2017	1,128
Residents on 12/31/2017	182

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	12
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	23
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	43
Respiratory System	15
Digestive System	1
Genitourinary System Disorders	13
Skin Disorders	0
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	123

Total Residents Diagnosed as Mentally Ill 115

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	189	221	185	86	271	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	271	221	189	221	185	86	271	219

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	64	0.1%	106	0.1%	0	21	7	0	198	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	64	0.1%	106	0.1%	0	21	7	0	198	0.2%	0.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	13	0	0	0	0	0	0	6	13	19
60 to 64	8	8	0	0	0	0	0	0	8	8	16
65 to 74	17	41	0	0	0	0	0	0	17	41	58
75 to 84	26	29	0	0	0	0	0	0	26	29	55
85+	9	28	0	0	0	0	0	0	9	28	37
TOTALS	66	119	0	0	0	0	0	0	66	119	185

Warren Barr Gold Coast
66 W Oak St
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	61	99	0	19	6	0	185
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	61	99	0	19	6	0	185

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	300
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	90	0	0	0	90
Hawaiian/Pacific Isl.	0	0	0	0	0
White	80	0	0	0	80
Race Unknown	12	0	0	0	12
Total	185	0	0	0	185

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	10	0	0	0	10
Total	185	0	0	0	185

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
53.7%	29.0%	0.0%	13.8%	3.4%	100.0%		
14,279,182	7,719,509	0	3,671,180	910,535	26,580,406	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr Lincoln Park
2732 N Hampden Ct
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
Jennifer LaBella

Contact Person and Telephone
Jennifer LaBella
773-248-6000

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson DR
Springfield, IL 62703

Date Questionnaire Completed 4/12/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	276
Total Discharges 2017	272
Residents on 12/31/2017	79

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	5
Developmental Disability	1
Circulatory System	28
Respiratory System	9
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	9
Musculo-skeletal Disorders	4
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	79

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	109	89	89	89	79	30	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	89	89	79	30	109	109

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6114	15.4%	16894	42.5%	0	2148	3194	0	28350	71.3%	87.3%
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	6114	15.4%	16894	42.5%	0	2148	3194	0	28350	71.3%	87.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	7	9	0	0	0	0	0	0	7	9	16
75 to 84	9	12	0	0	0	0	0	0	9	12	21
85+	11	17	0	0	0	0	0	0	11	17	28
TOTALS	31	48	0	0	0	0	0	0	31	48	79

Warren Barr Lincoln Park
2732 N Hampden Ct
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	17	46	0	6	10	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	17	46	0	6	10	0	79

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	400	350
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	31	0	0	0	31
Race Unknown	1	0	0	0	1
Total	70	0	0	0	70

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	14.00
LPN's	9.00
Certified Aides	25.00
Other Health Staff	2.00
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
41.7%	37.3%	0.0%	11.6%	9.4%	100.0%		
3,615,237	3,233,091	0	1,008,137	811,390	8,667,855	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
Michael Florczak

Contact Person and Telephone
Michael Florczak
224-543-7219

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/15/2019

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 - 2018

Residents on 1/1/2017	120
Total Admissions 2017	456
Total Discharges 2017	464
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	6
Blood Disorders	1
*Nervous System Non Alzheimer	17
Alzheimer Disease	5
Mental Illness	2
Developmental Disability	0
Circulatory System	44
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	11
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	112

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	144	132	128	132	112	32	144	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	144	132	128	132	112	32	144	125

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	8336	15.9%	25263	55.4%	0	2831	4582	0	41012	78.0%	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	8336	15.9%	25263	55.4%	0	2831	4582	0	41012	78.0%	85.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	2	0	0	0	0	0	0	2	2	4
60 to 64	2	7	0	0	0	0	0	0	2	7	9
65 to 74	9	14	0	0	0	0	0	0	9	14	23
75 to 84	7	23	0	0	0	0	0	0	7	23	30
85+	7	35	0	0	0	0	0	0	7	35	42
TOTALS	30	82	0	0	0	0	0	0	30	82	112

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	17	76	0	10	9	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	17	76	0	10	9	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	375	275
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	5	0	0	0	5
Hawaiian/Pacific Isl.	0	0	0	0	0
White	100	0	0	0	100
Race Unknown	1	0	0	0	1
Total	112	0	0	0	112

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	5	0	0	0	5
Non-Hispanic	107	0	0	0	107
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	17.71
LPN's	15.05
Certified Aides	52.20
Other Health Staff	17.42
Non-Health Staff	37.00
Totals	141.38

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
41.8%	39.7%	0.0%	10.9%	7.6%	100.0%		
5,131,734	4,874,499	0	1,336,562	939,039	12,281,834	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
Lorrie Butler

Contact Person and Telephone
Lorrie Butler
847-266-9266

Registered Agent Information
Illinois Corporation Servicing Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	148
Total Admissions 2017	522
Total Discharges 2017	518
Residents on 12/31/2017	152

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	18
Endocrine/Metabolic	15
Blood Disorders	10
*Nervous System Non Alzheimer	12
Alzheimer Disease	3
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	25
Digestive System	10
Genitourinary System Disorders	6
Skin Disorders	0
Musculo-skeletal Disorders	8
Injuries and Poisonings	10
Other Medical Conditions	2
Non-Medical Conditions	0
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	215	165	157	165	152	63	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	165	157	165	152	63	215	215

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	14199	18.1%	25205	32.1%	0	3539	6728	0	49671	63.3%	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	14199	18.1%	25205	32.1%	0	3539	6728	0	49671	63.3%	82.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	2	0	0	0	0	0	0	10	2	12
60 to 64	4	2	0	0	0	0	0	0	4	2	6
65 to 74	16	23	0	0	0	0	0	0	16	23	39
75 to 84	17	28	0	0	0	0	0	0	17	28	45
85+	18	27	0	0	0	0	0	0	18	27	45
TOTALS	66	86	0	0	0	0	0	0	66	86	152

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	41	83	0	9	19	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	83	0	9	19	0	152

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	425	325
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	22	0	0	0	22
Hawaiian/Pacific Isl.	1	0	0	0	1
White	113	0	0	0	113
Race Unknown	8	0	0	0	8
Total	152	0	0	0	152

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	137	0	0	0	137
Ethnicity Unknown	8	0	0	0	8
Total	152	0	0	0	152

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.70
LPN's	19.70
Certified Aides	43.70
Other Health Staff	1.00
Non-Health Staff	38.00
Totals	123.10

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
50.7%	30.8%	0.0%	9.6%	8.9%	100.0%		
8,575,809	5,200,295	0	1,621,790	1,510,669	16,908,563	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Warren Barr South Loop
1725 South Wabash Avenue
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
Isaac Pure

Contact Person and Telephone
Isaac Pure
312-922-2777

Registered Agent Information
Illinois Corporation Service Company
804 Adlai Stevenson Drive
Springfield, IL 62703

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	154
Total Admissions 2017	650
Total Discharges 2017	648
Residents on 12/31/2017	156

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	9
Blood Disorders	1
*Nervous System Non Alzheimer	6
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	2
Circulatory System	45
Respiratory System	60
Digestive System	6
Genitourinary System Disorders	5
Skin Disorders	3
Musculo-skeletal Disorders	3
Injuries and Poisonings	5
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	156

Total Residents Diagnosed as Mentally Ill 107

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	210	189	169	189	156	54	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	189	169	189	156	54	207	210

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	13602	18.0%	10074	13.1%	32073	4032	691	0	60472	78.9%	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	13602	18.0%	10074	13.1%	32073	4032	691	0	60472	78.9%	87.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	13	17	0	0	0	0	0	0	13	17	30
60 to 64	8	10	0	0	0	0	0	0	8	10	18
65 to 74	13	10	0	0	0	0	0	0	13	10	23
75 to 84	17	19	0	0	0	0	0	0	17	19	36
85+	10	25	0	0	0	0	0	0	10	25	35
TOTALS	70	86	0	0	0	0	0	0	70	86	156

Warren Barr South Loop
1725 South Wabash Avenue
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	28	117	0	7	4	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	28	117	0	7	4	0	156

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	450	350
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	109	0	0	0	109
Hawaiian/Pacific Isl.	0	0	0	0	0
White	10	0	0	0	10
Race Unknown	0	0	0	0	0
Total	153	0	0	0	153

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	1.00
Director of Nursing	2.00
Registered Nurses	10.00
LPN's	24.00
Certified Aides	42.00
Other Health Staff	17.00
Non-Health Staff	46.00
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
37.7%	51.8%	0.0%	9.6%	0.9%	100.0%		
8,532,984	11,718,795	0	2,161,146	193,308	22,606,233	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
JOSHUA WILLIAMS

Contact Person and Telephone
JAY MICHALEK
773-465-5000

Registered Agent Information
JONATHAN AARON
6700 N DAMEN AVE
Chicago, IL 60645

Date Questionnaire Completed 4/4/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	124
Total Admissions 2017	70
Total Discharges 2017	78
Residents on 12/31/2017	116

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	24
Blood Disorders	2
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	23
Developmental Disability	0
Circulatory System	10
Respiratory System	20
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	3
Other Medical Conditions	7
Non-Medical Conditions	9
TOTALS	116

Total Residents Diagnosed as Mentally Ill 23

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	127	127	127	127	116	11	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	116	11	51	127

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3664	19.7%	39859	86.0%	0	410	801	0	44734	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	3664	19.7%	39859	86.0%	0	410	801	0	44734	96.5%	96.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	0	0	0	0	0	0	9	2	11
45 to 59	25	14	0	0	0	0	0	0	25	14	39
60 to 64	13	4	0	0	0	0	0	0	13	4	17
65 to 74	20	13	0	0	0	0	0	0	20	13	33
75 to 84	11	2	0	0	0	0	0	0	11	2	13
85+	1	2	0	0	0	0	0	0	1	2	3
TOTALS	79	37	0	0	0	0	0	0	79	37	116

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	9	105	0	0	2	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	0	2	0	116

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	31	0	0	0	31
Hawaiian/Pacific Isl.	1	0	0	0	1
White	59	0	0	0	59
Race Unknown	21	0	0	0	21
Total	116	0	0	0	116

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	79	0	0	0	79
Ethnicity Unknown	21	0	0	0	21
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	5.00
LPN's	9.00
Certified Aides	29.32
Other Health Staff	9.80
Non-Health Staff	26.00
Totals	81.12

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
7.1%	88.6%	3.0%	0.0%	1.3%	100.0%		
491,199	6,166,371	205,658	0	93,715	6,956,943	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
309-886-2500

Registered Agent Information

Date Questionnaire Completed 4/9/2019

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 - 2018

Residents on 1/1/2017	75
Total Admissions 2017	133
Total Discharges 2017	134
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	0
Mental Illness	6
Developmental Disability	0
Circulatory System	24
Respiratory System	11
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	6
Injuries and Poisonings	4
Other Medical Conditions	2
Non-Medical Conditions	4
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	122	85	82	85	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	85	82	85	74	48	122	95

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3731	8.4%	18490	53.3%	0	133	6341	0	28695	64.4%	92.5%
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	3731	8.4%	18490	53.3%	0	133	6341	0	28695	64.4%	92.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	2	5	0	0	0	0	0	0	2	5	7
75 to 84	6	18	0	0	0	0	0	0	6	18	24
85+	5	33	0	0	0	0	0	0	5	33	38
TOTALS	17	57	0	0	0	0	0	0	17	57	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	6	50	0	0	18	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	50	0	0	18	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	228
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	5.00
LPN's	5.00
Certified Aides	28.00
Other Health Staff	3.00
Non-Health Staff	19.00
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
35.3%	42.1%	0.0%	2.1%	20.5%	100.0%		
2,205,733	2,631,980	0	133,594	1,278,049	6,249,356	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
Brian K Monsma

Contact Person and Telephone
Brian K. Monsma
618-327-2201

Registered Agent Information

Date Questionnaire Completed 5/15/2019

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 - 2018

Residents on 1/1/2017	24
Total Admissions 2017	27
Total Discharges 2017	28
Residents on 12/31/2017	23

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	1
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	3
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	1
Other Medical Conditions	9
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	25	28	23	5	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	25	28	23	5	6	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	8036	0	8036	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	0	0.0%	0	0.0%	0	0	8036	0	8036	78.6%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	7	0	0	0	0	0	0	2	7	9
85+	2	12	0	0	0	0	0	0	2	12	14
TOTALS	4	19	0	0	0	0	0	0	4	19	23

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	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
Nursing Care	150	125
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.10
Physicians	0.10
Director of Nursing	0.10
Registered Nurses	1.00
LPN's	4.60
Certified Aides	8.25
Other Health Staff	2.20
Non-Health Staff	0.00
Totals	16.35

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
41.0%	13.4%	0.4%	35.5%	9.7%	100.0%		
5,076,516	1,654,897	46,219	4,396,837	1,201,025	12,375,494	17,438	0.1%

*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 x269

Registered Agent Information
Jeff Stauter
500 Anchor Road
Dixon, IL 61021

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	4
Total Admissions 2017	1
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 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	231	231
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	0.25
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%	13.7%	85.8%	0.0%	0.5%	100.0%		
0	44,636	279,240	0	1,530	325,406	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Waterfront Terrace
7750 South Shore Dr
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 4/10/2019

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 - 2018

Residents on 1/1/2017	106
Total Admissions 2017	199
Total Discharges 2017	202
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	4
Mental Illness	19
Developmental Disability	1
Circulatory System	43
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	2
Other Medical Conditions	7
Non-Medical Conditions	0
TOTALS	103

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	118	118	111	118	103	15	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	111	118	103	15	118	118

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5174	12.0%	29447	68.4%	3127	365	854	0	38967	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	5174	12.0%	29447	68.4%	3127	365	854	0	38967	90.5%	90.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	5	4	9
60 to 64	11	11	0	0	0	0	0	0	11	11	22
65 to 74	11	11	0	0	0	0	0	0	11	11	22
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	13	13	0	0	0	0	0	0	13	13	26
TOTALS	51	51	0	0	0	0	0	0	51	51	102

Waterfront Terrace
7750 South Shore Dr
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	14	76	8	0	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	14	76	8	0	5	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	100	0	0	0	100
Hawaiian/Pacific Isl.	0	0	0	0	0
White	3	0	0	0	3
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	6.00
LPN's	21.00
Certified Aides	34.00
Other Health Staff	7.50
Non-Health Staff	23.50
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
57.7%	33.3%	6.3%	0.9%	1.8%	100.0%		
4,973,146	2,871,872	543,561	74,055	154,700	8,617,334	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/25/2019

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 - 2018

Residents on 1/1/2017	70
Total Admissions 2017	89
Total Discharges 2017	85
Residents on 12/31/2017	74

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	10
Mental Illness	24
Developmental Disability	4
Circulatory System	11
Respiratory System	6
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	5
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	74

Total Residents Diagnosed as Mentally Ill 64

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	89	123	74	49	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	89	123	74	49	23	123

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1948	23.2%	22986	51.2%	0	49	3124	0	28107	62.6%	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	1948	23.2%	22986	51.2%	0	49	3124	0	28107	62.6%	62.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	4	1	0	0	0	0	0	0	4	1	5
65 to 74	8	14	0	0	0	0	0	0	8	14	22
75 to 84	10	9	0	0	0	0	0	0	10	9	19
85+	4	16	0	0	0	0	0	0	4	16	20
TOTALS	31	43	0	0	0	0	0	0	31	43	74

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	4	51	11	0	8	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	51	11	0	8	0	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	71	0	0	0	71
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	6.00
LPN's	9.00
Certified Aides	30.00
Other Health Staff	21.00
Non-Health Staff	10.00
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
8.8%	75.4%	0.0%	1.1%	14.7%	100.0%		
351,839	3,025,908	0	45,804	590,350	4,013,901	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wauconda Healthcare & Rehabilitation 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 4/16/2019

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 - 2018

Residents on 1/1/2017	98
Total Admissions 2017	819
Total Discharges 2017	813
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	12
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	4
Mental Illness	20
Developmental Disability	0
Circulatory System	15
Respiratory System	5
Digestive System	6
Genitourinary System Disorders	9
Skin Disorders	2
Musculo-skeletal Disorders	7
Injuries and Poisonings	13
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	135	135	135	135	104	31	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	104	31	135	79

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	10822	22.0%	14568	50.5%	0	2332	8943	0	36665	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	10822	22.0%	14568	50.5%	0	2332	8943	0	36665	74.4%	74.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	7	10	0	0	0	0	0	0	7	10	17
75 to 84	12	16	0	0	0	0	0	0	12	16	28
85+	13	44	0	0	0	0	0	0	13	44	57
TOTALS	33	71	0	0	0	0	0	0	33	71	104

Wauconda Healthcare & Rehabilitation 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	32	42	0	7	23	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	32	42	0	7	23	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	300	265
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	101	0	0	0	101
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	12.00
LPN's	3.00
Certified Aides	35.00
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
52.7%	20.2%	0.0%	8.3%	18.9%	100.0%		
6,649,000	2,550,000	0	1,045,000	2,380,000	12,624,000	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Waukegan Terrace
860 S. Lewis
Waukegan, IL. 60085

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 4/4/2019

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 - 2018

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	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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			1985	90.6%	0	0	0	0	1985	90.6%	90.6%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	1985	90.6%	0	0	0	0	1985	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	5	0	0	0	5	0	5

Waukegan Terrace
860 S. Lewis
Waukegan, IL. 60085

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	2	0	2
White	0	0	2	0	2
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%	95.1%	1.5%	0.0%	3.4%	100.0%		
0	406,229	6,422	0	14,545	427,196	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 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	37
Total Admissions 2017	47
Total Discharges 2017	44
Residents on 12/31/2017	40

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	2
Circulatory System	12
Respiratory System	0
Digestive System	1
Genitourinary System Disorders	2
Skin Disorders	0
Musculo-skeletal Disorders	1
Injuries and Poisonings	3
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	40

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	49	0	0	49	40	9	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	40	9	0	49

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1162	0.0%	10545	59.0%	122	231	1769	0	13829	77.3%	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	1162	0.0%	10545	59.0%	122	231	1769	0	13829	77.3%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	6	0	0	0	0	0	0	5	6	11
75 to 84	5	4	0	0	0	0	0	0	5	4	9
85+	4	8	0	0	0	0	0	0	4	8	12
TOTALS	19	21	0	0	0	0	0	0	19	21	40

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	3	30	1	0	6	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	30	1	0	6	0	40

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	175
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	4.29
LPN's	4.29
Certified Aides	14.01
Other Health Staff	0.00
Non-Health Staff	13.38
Totals	37.97

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
23.2%	62.1%	0.0%	4.6%	10.0%	100.0%		
630,433	1,688,907	0	126,328	272,125	2,717,793	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

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 4/17/2019

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 - 2018

Residents on 1/1/2017	211
Total Admissions 2017	146
Total Discharges 2017	159
Residents on 12/31/2017	198

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	13
Alzheimer Disease	0
Mental Illness	88
Developmental Disability	0
Circulatory System	24
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	15
Skin Disorders	0
Musculo-skeletal Disorders	17
Injuries and Poisonings	6
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	198

Total Residents Diagnosed as Mentally Ill 158

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	300	251	210	251	198	102	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	210	251	198	102	300	300

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2288	2.1%	65490	59.8%	3349	600	308	0	72035	65.8%	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	2288	2.1%	65490	59.8%	3349	600	308	0	72035	65.8%	78.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	7	0	0	0	0	0	0	2	7	9
45 to 59	12	29	0	0	0	0	0	0	12	29	41
60 to 64	9	17	0	0	0	0	0	0	9	17	26
65 to 74	23	33	0	0	0	0	0	0	23	33	56
75 to 84	20	19	0	0	0	0	0	0	20	19	39
85+	4	23	0	0	0	0	0	0	4	23	27
TOTALS	70	128	0	0	0	0	0	0	70	128	198

Wentworth Rehabilitation and Health Care Center
201 W 69Th Street
Chicago, IL. 60621

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	182	6	0	1	0	198
Skilled Under 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	182	6	0	1	0	198

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	190	0	0	0	190
Hawaiian/Pacific Isl.	0	0	0	0	0
White	8	0	0	0	8
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	4	0	0	0	4
Non-Hispanic	194	0	0	0	194
Ethnicity Unknown	0	0	0	0	0
Total	198	0	0	0	198

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.04
LPN's	46.59
Certified Aides	95.06
Other Health Staff	21.68
Non-Health Staff	71.63
Totals	247.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
10.3%	82.1%	4.3%	2.9%	0.3%	100.0%		
1,298,572	10,316,630	544,622	364,305	40,188	12,564,317	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 S 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
Sam Witwer
1330 Overlook Drive
Glenview, IL 60025

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	81
Total Admissions 2017	311
Total Discharges 2017	317
Residents on 12/31/2017	75

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	2
Alzheimer Disease	13
Mental Illness	24
Developmental Disability	0
Circulatory System	20
Respiratory System	1
Digestive System	1
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	3
Injuries and Poisonings	3
Other Medical Conditions	2
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	108	108	86	108	75	33	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	86	108	75	33	108	108

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5868	14.9%	8431	21.4%	0	1353	11291	639	27582	70.0%	70.0%
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	5868	14.9%	8431	21.4%	0	1353	11291	639	27582	70.0%	70.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	5	0	0	0	0	0	0	3	5	8
75 to 84	10	16	0	0	0	0	0	0	10	16	26
85+	8	31	0	0	0	0	0	0	8	31	39
TOTALS	22	53	0	0	0	0	0	0	22	53	75

Wesley Place
1415 S 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	19	27	0	2	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	19	27	0	2	27	0	75

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	340	237
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	62	0	0	0	62
Race Unknown	4	0	0	0	4
Total	75	0	0	0	75

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	71	0	0	0	71
Ethnicity Unknown	0	0	0	0	0
Total	75	0	0	0	75

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.25
Director of Nursing	1.00
Registered Nurses	17.20
LPN's	1.70
Certified Aides	40.00
Other Health Staff	7.00
Non-Health Staff	37.00
Totals	105.15

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
38.3%	21.0%	0.0%	7.9%	32.8%	100.0%		
3,425,414	1,875,541	0	704,167	2,931,934	8,937,056	35,605	0.4%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wesley Village, Inc
1200 East Grant St
Macomb, IL. 61455

Reference Numbers

Facility ID	6009864	
Health Service Area	002	
Planning Service Area	109	McDonough
County	109	McDonough County

Administrator
Shelly L. Martin

Contact Person and Telephone
Shelly L. Martin
309-833-2123

Registered Agent Information
Ashley Vance
1200 East Grant St
Macomb, IL 61455

Date Questionnaire Completed 4/12/2019

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 - 2018

Residents on 1/1/2017	64
Total Admissions 2017	130
Total Discharges 2017	137
Residents on 12/31/2017	57

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	13
Mental Illness	19
Developmental Disability	0
Circulatory System	5
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	3
Other Medical Conditions	2
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	73	72	72	70	57	16	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	72	72	70	57	16	73	73

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	3097	11.6%	6813	25.6%	0	0	13344	0	23254	87.3%	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	3097	11.6%	6813	25.6%	0	0	13344	0	23254	87.3%	88.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	2	6	0	0	0	0	0	0	2	6	8
85+	9	39	0	0	0	0	0	0	9	39	48
TOTALS	12	45	0	0	0	0	0	0	12	45	57

Wesley Village, Inc
1200 East Grant St
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	3	17	4	0	33	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	17	4	0	33	0	57

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	246	206
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	12.00
LPN's	10.00
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	30.00
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
16.8%	17.4%	3.8%	7.4%	54.6%	100.0%		
884,074	914,803	202,158	389,102	2,875,249	5,265,386	1,442	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

West Chicago Terrace
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
Alexander Adesemowo
630-231-9292

Registered Agent Information
Tom Hein
1S443 Summit Ave. Suite 204
Oakbrook Terrace, IL 60181

Date Questionnaire Completed 4/17/2019

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	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	103
Total Admissions 2017	70
Total Discharges 2017	69
Residents on 12/31/2017	104

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	0
Mental Illness	104
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	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	120	120	0	120	104	16	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	0	120	104	16	0	120

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	38114	87.0%	0	1204	0	0	39318	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	0	0.0%	38114	87.0%	0	1204	0	0	39318	89.8%	89.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	19	10	0	0	0	0	0	0	19	10	29
45 to 59	26	13	0	0	0	0	0	0	26	13	39
60 to 64	13	11	0	0	0	0	0	0	13	11	24
65 to 74	5	5	0	0	0	0	0	0	5	5	10
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	64	40	0	0	0	0	0	0	64	40	104

West Chicago Terrace
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	101	0	0	3	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	0	101	0	0	3	0	104

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	132
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	3	0	0	0	3
White	91	0	0	0	91
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	10	0	0	0	10
Non-Hispanic	94	0	0	0	94
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	4.00
LPN's	8.00
Certified Aides	17.00
Other Health Staff	0.00
Non-Health Staff	36.00
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%	94.9%	0.0%	0.0%	5.1%	100.0%		
0	3,916,898	0	0	210,269	4,127,167	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

West Suburban Medical Center
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
Rona Bucal
708-763-6018

Registered Agent Information
CT Corporation
208 South LaSalle Street Suite 814
Chicago, IL 60604

Date Questionnaire Completed 4/16/2019

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 - 2018

Residents on 1/1/2017	23
Total Admissions 2017	594
Total Discharges 2017	600
Residents on 12/31/2017	17

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	1
Respiratory System	3
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	9
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	50	50	32	50	17	33	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	32	50	17	33	50	26

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5319	29.1%	11	0.1%	0	3011	20	0	8361	45.8%	45.8%
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	5319	29.1%	11	0.1%	0	3011	20	0	8361	45.8%	45.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	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	4	4	0	0	0	0	0	0	4	4	8
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	9	8	0	0	0	0	0	0	9	8	17

West Suburban Medical Center
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	10	0	5	2	0	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	10	0	5	2	0	0	17

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0	0	0	0	0
Race Unknown	1	0	0	0	1
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	16	0	0	0	16
Ethnicity Unknown	1	0	0	0	1
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	18.00
LPN's	0.00
Certified Aides	14.00
Other Health Staff	2.00
Non-Health Staff	5.00
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
60.3%	0.1%	0.0%	39.6%	0.0%	100.0%		
2,791,241	4,329	0	1,831,702	0	4,627,272	12,212	0.3%

*Charity Care Expense does not include expenses which may be considered a community benefit.

West Suburban Nursing and 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
Margaux Dominguez

Contact Person and Telephone
Margaux Dominguez
630-894-7400

Registered Agent Information
Michelle Bush
240 Fencl Lane
Hillside, IL 60162

Date Questionnaire Completed 4/11/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	188
Total Admissions 2017	136
Total Discharges 2017	143
Residents on 12/31/2017	181

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	35
*Nervous System Non Alzheimer	11
Alzheimer Disease	26
Mental Illness	26
Developmental Disability	2
Circulatory System	0
Respiratory System	30
Digestive System	15
Genitourinary System Disorders	0
Skin Disorders	16
Musculo-skeletal Disorders	15
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	181

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	259	0	188	190	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	0	188	190	181	78	30	259

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5180	47.3%	52479	55.5%	0	576	1504	0	59739	63.2%	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	5180	47.3%	52479	55.5%	0	576	1504	0	59739	63.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	19	11	0	0	0	0	0	0	19	11	30
60 to 64	22	13	0	0	0	0	0	0	22	13	35
65 to 74	23	26	0	0	0	0	0	0	23	26	49
75 to 84	15	23	0	0	0	0	0	0	15	23	38
85+	3	21	0	0	0	0	0	0	3	21	24
TOTALS	84	97	0	0	0	0	0	0	84	97	181

West Suburban Nursing and 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	16	154	0	4	7	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	16	154	0	4	7	0	181

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	225
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	9	0	0	0	9
Hawaiian/Pacific Isl.	6	0	0	0	6
White	96	0	0	0	96
Race Unknown	65	0	0	0	65
Total	181	0	0	0	181

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	106	0	0	0	106
Ethnicity Unknown	65	0	0	0	65
Total	181	0	0	0	181

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	18.00
LPN's	31.00
Certified Aides	38.00
Other Health Staff	6.00
Non-Health Staff	48.00
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
22.3%	74.6%	0.0%	1.8%	1.3%	100.0%		
3,157,600	10,586,819	0	255,747	181,931	14,182,097	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westminster Place
3200 Grant Street
Evanston, IL. 60602

Reference Numbers

Facility ID	6007603	
Health Service Area	007	
Planning Service Area	702	Planning Area 7-B
County	031	Evanston Township

Administrator
William Casper

Contact Person and Telephone
William Casper
847-866-1650

Registered Agent Information
Todd Sworzel
8707 Skokie Boulevard
Skokie, IL 60077

Date Questionnaire Completed 4/18/2019

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 - 2018

Residents on 1/1/2017	177
Total Admissions 2017	428
Total Discharges 2017	441
Residents on 12/31/2017	164

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	5
Mental Illness	53
Developmental Disability	0
Circulatory System	48
Respiratory System	7
Digestive System	0
Genitourinary System Disorders	10
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	21
Other Medical Conditions	1
Non-Medical Conditions	1
TOTALS	164

Total Residents Diagnosed as Mentally Ill 53

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	195	165	195	146	58	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	0	51	18	33		
TOTAL BEDS	255	246	165	246	164	91	105	15

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	9149	23.9%	2322	42.4%	0	134	44254	1024	56883	76.4%	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	5926	730	6656	35.8%	35.8%
TOTALS	9149	23.9%	2322	42.4%	0	134	50180	1754	63539	68.3%	70.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	0	0	0	0	0	0	1	0	1	0	1
75 to 84	10	15	0	0	0	0	1	1	11	16	27
85+	37	82	0	0	0	0	5	10	42	92	134
TOTALS	48	98	0	0	0	0	7	11	55	109	164

Westminster Place
3200 Grant Street
Evanston, IL. 60602

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	6	0	2	124	0	146
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	16	2	18
TOTALS	14	6	0	2	140	2	164

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	480	350
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	245

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	3	0	0	0	3
Hawaiian/Pacific Isl.	0	0	0	0	0
White	140	0	0	18	158
Race Unknown	0	0	0	0	0
Total	146	0	0	18	164

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	146	0	0	18	164
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	18	164

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.60
Director of Nursing	1.00
Registered Nurses	44.95
LPN's	6.56
Certified Aides	125.60
Other Health Staff	18.30
Non-Health Staff	26.00
Totals	224.01

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
19.4%	0.3%	0.0%	0.0%	80.2%	100.0%		
4,658,778	82,938	0	8,250	19,226,042	23,976,008	1,815,688	7.6%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westminster Village - Martin Health Center
2025 E. Lincoln
Bloomington, IL. 61701

Reference Numbers

Facility ID	6009922	
Health Service Area	004	
Planning Service Area	113	McLean
County	113	McLean County

Administrator
CHRISTINE A. BAKER

Contact Person and Telephone
CHRISTINE A. BAKER
309-663-6474

Registered Agent Information
BARBARA NATHAN
2025 E. LINCOLN
Bloomington, IL 61701

Date Questionnaire Completed 3/27/2019

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 - 2018

Residents on 1/1/2017	65
Total Admissions 2017	107
Total Discharges 2017	108
Residents on 12/31/2017	64

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	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	64

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	72	78	64	14	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	72	78	64	14	39	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	12.9%	0	0.0%	0	0	21825	0	23663	83.1%	83.1%
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	1838	12.9%	0	0.0%	0	0	21825	0	23663	83.1%	83.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	3	0	0	0	0	0	0	3	3	6
85+	6	51	0	0	0	0	0	0	6	51	57
TOTALS	10	54	0	0	0	0	0	0	10	54	64

Westminster Village - Martin Health Center
2025 E. Lincoln
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	4	0	0	0	60	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	4	0	0	0	60	0	64

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	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	10.00
LPN's	3.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	7.00
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
12.4%	0.0%	0.0%	4.6%	83.0%	100.0%		
735,426	0	0	276,140	4,931,550	5,943,116	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Westmont Manor HRC
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
Jamie Krieps

Contact Person and Telephone
Jamie Krieps
630-323-4400

Registered Agent Information
David Aronin
2201 Main St
Evanston, IL 60202

Date Questionnaire Completed 3/29/2019

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	1
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	1
Ventilator Dependent	0
Infectious Disease w/ Isolation	1
Other Restrictions	0
No Restrictions	0

Note: Reported restictions denoted by '1'

ADMISSIONS AND DISCHARGES - 2018

Residents on 1/1/2017	75
Total Admissions 2017	28
Total Discharges 2017	33
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	0
Mental Illness	1
Developmental Disability	0
Circulatory System	0
Respiratory System	7
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	0
Other Medical Conditions	16
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	149	149	149	149	70	79	149	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	149	149	149	70	79	149	149

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	348	0.6%	1608	3.0%	0	129	67	0	2152	4.0%	4.0%
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	348	0.6%	1608	3.0%	0	129	67	0	2152	4.0%	4.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	2	4	6
65 to 74	6	12	0	0	0	0	0	0	6	12	18
75 to 84	5	13	0	0	0	0	0	0	5	13	18
85+	5	15	0	0	0	0	0	0	5	15	20
TOTALS	23	47	0	0	0	0	0	0	23	47	70

Westmont Manor HRC
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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	14	50	0	1	5	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	14	50	0	1	5	0	70

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	326	309
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	8	0	0	0	8
Hawaiian/Pacific Isl.	0	0	0	0	0
White	53	0	0	0	53
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	5	0	0	0	5
Non-Hispanic	0	0	0	0	0
Ethnicity Unknown	0	0	0	0	0
Total	5	0	0	0	5

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	1.00
Director of Nursing	1.00
Registered Nurses	12.00
LPN's	5.00
Certified Aides	15.00
Other Health Staff	10.00
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
24.3%	50.3%	4.9%	7.7%	12.9%	100.0%		
242,085	501,771	48,618	76,501	128,798	997,773	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
Susie Williams

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/13/2019

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 - 2018

Residents on 1/1/2017	33
Total Admissions 2017	52
Total Discharges 2017	34
Residents on 12/31/2017	51

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	41
Developmental Disability	1
Circulatory System	0
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	51

Total Residents Diagnosed as Mentally Ill 41

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	51	96	51	45	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	51	96	51	45	96	96

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	791	2.3%	11156	31.8%	0	0	1963	0	13910	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	791	2.3%	11156	31.8%	0	0	1963	0	13910	39.7%	39.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	10	5	0	0	0	0	0	0	10	5	15
65 to 74	7	11	0	0	0	0	0	0	7	11	18
75 to 84	5	2	0	0	0	0	0	0	5	2	7
85+	1	7	0	0	0	0	0	0	1	7	8
TOTALS	25	26	0	0	0	0	0	0	25	26	51

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	32	11	0	5	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	3	32	11	0	5	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	135	115
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	51	0	0	0	51
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	5.00
LPN's	5.00
Certified Aides	17.00
Other Health Staff	1.00
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
7.1%	77.6%	0.0%	0.0%	15.3%	100.0%		
117,858	1,279,291	0	0	251,626	1,648,775	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 3/31/2019

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 - 2018

Residents on 1/1/2017	104
Total Admissions 2017	31
Total Discharges 2017	32
Residents on 12/31/2017	103

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	0
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	96
Developmental Disability	0
Circulatory System	1
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	1
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	103

Total Residents Diagnosed as Mentally Ill 96

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	115	115	109	115	103	12	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	109	115	103	12	0	115

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	925	0.0%	5460	13.0%	29760	0	703	0	36848	87.8%	87.8%
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	925	0.0%	5460	13.0%	29760	0	703	0	36848	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	21	0	0	0	0	0	0	14	21	35
60 to 64	18	6	0	0	0	0	0	0	18	6	24
65 to 74	16	14	0	0	0	0	0	0	16	14	30
75 to 84	4	3	0	0	0	0	0	0	4	3	7
85+	0	2	0	0	0	0	0	0	0	2	2
TOTALS	53	50	0	0	0	0	0	0	53	50	103

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	6	14	81	0	2	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	6	14	81	0	2	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	190	165
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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.	1	0	0	0	1
White	76	0	0	0	76
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	4	0	0	0	4
Non-Hispanic	99	0	0	0	99
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	6.00
LPN's	4.00
Certified Aides	22.00
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
11.6%	86.1%	0.0%	0.0%	2.3%	100.0%		
624,123	4,644,145	0	0	122,891	5,391,159	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
Michael Riggins

Contact Person and Telephone
Tracy Adden
217-725-5343

Registered Agent Information
J. Michael Bibo
285 S. Farnham
Galesburg, IL 61401

Date Questionnaire Completed 4/4/2019

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 - 2018

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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			5651	96.8%	0	0	0	0	5651	96.8%	96.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5651	96.8%	0	0	0	0	5651	96.8%	96.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	7	0	0	0	7	0	7
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	12	4	0	0	12	4	16

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	137
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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%	68.1%	1.0%	0.0%	30.9%	100.0%		
0	429,162	6,523	0	194,916	630,601	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wheaton Village Nursing And Rehabilitation Cente
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 Taylor

Contact Person and Telephone
David Taylor
630-668-2500

Registered Agent Information
CT Corporation System
208 S. LaSalle St., Ste. 814
Chicago, IL 60604

Date Questionnaire Completed 5/11/2019

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 - 2018

Residents on 1/1/2017	117
Total Admissions 2017	41
Total Discharges 2017	46
Residents on 12/31/2017	112

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	8
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	2
Mental Illness	26
Developmental Disability	1
Circulatory System	18
Respiratory System	27
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	2
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	112

Total Residents Diagnosed as Mentally Ill 26

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	121	112	121	112	11	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	121	112	121	112	11	81	123

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2129	7.2%	37263	83.0%	0	1181	0	0	40573	90.4%	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	2129	7.2%	37263	83.0%	0	1181	0	0	40573	90.4%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	16	12	0	0	0	0	0	0	16	12	28
60 to 64	17	10	0	0	0	0	0	0	17	10	27
65 to 74	15	15	0	0	0	0	0	0	15	15	30
75 to 84	13	8	0	0	0	0	0	0	13	8	21
85+	1	4	0	0	0	0	0	0	1	4	5
TOTALS	63	49	0	0	0	0	0	0	63	49	112

Wheaton Village Nursing And Rehabilitation Cente
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	99	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	11	99	0	0	2	0	112

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	200	190
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	7	0	0	0	7
Hawaiian/Pacific Isl.	3	0	0	0	3
White	99	0	0	0	99
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	8	0	0	0	8
Non-Hispanic	104	0	0	0	104
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	7.00
LPN's	16.00
Certified Aides	17.00
Other Health Staff	7.00
Non-Health Staff	38.00
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
12.7%	82.2%	0.0%	2.2%	2.9%	100.0%		
884,751	5,708,169	0	153,765	198,251	6,944,936	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 L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/22/2019

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 - 2018

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 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	16	16	16	16	6	10	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	16	16	6	10	0	16

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	2332	0.0%	0	0	0	0	2332	39.9%	39.9%
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%	2332	39.9%	0	0	0	0	2332	39.9%	39.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	1	0	0	0	0	0	0	0	1	0	1
65 to 74	0	1	0	0	0	0	0	0	0	1	1
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	3	3	0	0	0	0	0	0	3	3	6

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	6	0	0	0	0	6
Skilled Under 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	6	0	0	0	0	6

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	111	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	6	0	0	0	6
Race Unknown	0	0	0	0	0
Total	6	0	0	0	6

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	6	0	0	0	6
Ethnicity Unknown	0	0	0	0	0
Total	6	0	0	0	6

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	0.00
Other Health Staff	10.00
Non-Health Staff	0.00
Totals	12.00

NET REVENUE BY PAYOR SOURCE (Fiscal 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	255,777	0	0	0	255,777	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 Street
White Hall, IL. 62092

Reference Numbers

Facility ID	6006597	
Health Service Area	003	
Planning Service Area	061	Greene
County	061	Greene County

Administrator
Peggy Turke

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 4/18/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	106
Total Admissions 2017	146
Total Discharges 2017	147
Residents on 12/31/2017	105

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	12
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	23
Mental Illness	11
Developmental Disability	10
Circulatory System	25
Respiratory System	2
Digestive System	1
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	0
Other Medical Conditions	9
Non-Medical Conditions	0
TOTALS	105

Total Residents Diagnosed as Mentally Ill 11

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	119	119	115	119	105	14	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	105	14	119	119

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	5609	12.9%	23235	53.5%	2236	157	7530	0	38767	89.3%	89.3%
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	5609	12.9%	23235	53.5%	2236	157	7530	0	38767	89.3%	89.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	0	0	0	0	0	0	0	4	4
65 to 74	6	14	0	0	0	0	0	0	6	14	20
75 to 84	9	27	0	0	0	0	0	0	9	27	36
85+	9	32	0	0	0	0	0	0	9	32	41
TOTALS	27	78	0	0	0	0	0	0	27	78	105

White Hall Nursing and Rehabilitation Center LLC
620 West Bridgeport Street
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	68	2	3	17	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	15	68	2	3	17	0	105

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	150
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	105	0	0	0	105
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	8.95
LPN's	14.10
Certified Aides	40.21
Other Health Staff	38.98
Non-Health Staff	0.00
Totals	104.23

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
35.6%	41.2%	2.4%	5.1%	15.7%	100.0%		
2,592,290	2,995,470	174,580	371,503	1,142,550	7,276,393	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

White Oak Rehab and Healthcare
1700 White Street
Mount Vernon, IL. 62864

Reference Numbers

Facility ID	6004881	
Health Service Area	005	
Planning Service Area	081	Jefferson
County	081	Jefferson County

Administrator
Opal Buffington

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/22/2019

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 - 2018

Residents on 1/1/2017	48
Total Admissions 2017	77
Total Discharges 2017	86
Residents on 12/31/2017	39

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	2
Blood Disorders	1
*Nervous System Non Alzheimer	0
Alzheimer Disease	4
Mental Illness	10
Developmental Disability	2
Circulatory System	6
Respiratory System	4
Digestive System	1
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	39

Total Residents Diagnosed as Mentally Ill 27

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	48	65	39	26	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	48	65	39	26	65	65

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2843	12.0%	10633	44.8%	0	0	1464	0	14940	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	2843	12.0%	10633	44.8%	0	0	1464	0	14940	63.0%	63.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	4	2	0	0	0	0	0	0	4	2	6
65 to 74	3	6	0	0	0	0	0	0	3	6	9
75 to 84	1	8	0	0	0	0	0	0	1	8	9
85+	1	10	0	0	0	0	0	0	1	10	11
TOTALS	10	29	0	0	0	0	0	0	10	29	39

White Oak Rehab and Healthcare
1700 White Street
Mount 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	6	24	5	0	4	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	6	24	5	0	4	0	39

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	170	160
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	0.00
Director of Nursing	1.00
Registered Nurses	3.00
LPN's	7.00
Certified Aides	28.00
Other Health Staff	3.00
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
15.1%	73.5%	0.0%	0.8%	10.6%	100.0%		
287,423	1,400,592	0	15,554	202,386	1,905,955	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Whitehall North LLC
200 Waukegan Rd
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 Rd
Deerfield, IL 60015

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	144
Total Admissions 2017	2,065
Total Discharges 2017	2,070
Residents on 12/31/2017	139

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	5
Mental Illness	11
Developmental Disability	0
Circulatory System	21
Respiratory System	8
Digestive System	6
Genitourinary System Disorders	9
Skin Disorders	4
Musculo-skeletal Disorders	3
Injuries and Poisonings	35
Other Medical Conditions	29
Non-Medical Conditions	0
TOTALS	139

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	190	0	0	175	139	51	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	0	0	175	139	51	190	0

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	26457	38.1%	0	0.0%	0	7999	19064	0	53520	77.2%	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	26457	38.1%	0	0.0%	0	7999	19064	0	53520	77.2%	#Div/0!

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	1	0	0	0	0	0	0	2	1	3
65 to 74	6	15	0	0	0	0	0	0	6	15	21
75 to 84	22	21	0	0	0	0	0	0	22	21	43
85+	18	51	0	0	0	0	0	0	18	51	69
TOTALS	49	90	0	0	0	0	0	0	49	90	139

Whitehall North LLC
200 Waukegan Rd
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	78	0	0	16	45	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	78	0	0	16	45	0	139

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	137	0	0	0	137
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	1	0	0	0	1
Non-Hispanic	138	0	0	0	138
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	46.17
LPN's	8.60
Certified Aides	77.70
Other Health Staff	49.70
Non-Health Staff	75.60
Totals	259.77

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
58.0%	0.0%	0.0%	12.6%	29.4%	100.0%		
15,380,581	0	0	3,335,112	7,802,033	26,517,726	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willow House
555 Burnham
University park , IL. 60484

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 x13

Registered Agent Information
Dave Krchak
30 Main st
Champaign, IL 61821

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	13
Total Admissions 2017	1
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 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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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			4770	81.7%	0	0	0	0	4770	81.7%	81.7%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	4770	81.7%	0	0	0	0	4770	81.7%	81.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	5	8	0	0	5	8	13

Willow House
555 Burnham
University park , IL. 60484

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		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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	234	234
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	7	0	7
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	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%	90.7%	9.3%	0.0%	0.0%	100.0%		
0	917,383	93,961	0	0	1,011,344	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willow of Marengo dba Florence Nursing Hoe
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 4/8/2019

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 - 2018

Residents on 1/1/2017	44
Total Admissions 2017	50
Total Discharges 2017	52
Residents on 12/31/2017	42

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	10
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	7
Respiratory System	4
Digestive System	4
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	7
Injuries and Poisonings	1
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	42

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	56	56	0	56	42	14	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	42	14	27	34

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	1931	19.6%	10057	81.0%	0	0	2998	0	14986	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	1931	19.6%	10057	81.0%	0	0	2998	0	14986	73.3%	73.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	7	0	0	0	0	0	0	6	7	13
85+	5	19	0	0	0	0	0	0	5	19	24
TOTALS	15	27	0	0	0	0	0	0	15	27	42

Willow of Marengo dba Florence Nursing Hoe
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	24	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	7	24	0	0	11	0	42

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	240	220
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	1	0	0	0	1
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	41	0	0	0	41
Ethnicity Unknown	1	0	0	0	1
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	5.00
LPN's	4.00
Certified Aides	15.00
Other Health Staff	3.00
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
28.5%	49.3%	0.0%	0.0%	22.2%	100.0%		
1,097,303	1,895,982	0	0	856,100	3,849,385	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willow Rose Rehab & Health Care
410 Fletcher Street
Jerseyville, IL. 62052

Reference Numbers

Facility ID	6003842	
Health Service Area	003	
Planning Service Area	083	Jersey
County	083	Jersey County

Administrator
Stacey Cunningham

Contact Person and Telephone
Marikay Snyder
309-691-8113

Registered Agent Information
Marikay L. Snyder
830 West Trailcreek Dr.
Peoria, IL 61614

Date Questionnaire Completed 3/22/2018

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 - 2018

Residents on 1/1/2017	51
Total Admissions 2017	66
Total Discharges 2017	66
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	16
Mental Illness	0
Developmental Disability	0
Circulatory System	10
Respiratory System	9
Digestive System	9
Genitourinary System Disorders	0
Skin Disorders	5
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	2
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	98	98	51	98	51	47	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	51	98	51	47	98	98

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	860	2.4%	14129	39.5%	0	0	2495	0	17484	48.9%	48.9%
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	860	2.4%	14129	39.5%	0	0	2495	0	17484	48.9%	48.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	0	0	0	0	0	0	0	4	0	4
60 to 64	1	8	0	0	0	0	0	0	1	8	9
65 to 74	0	12	0	0	0	0	0	0	0	12	12
75 to 84	4	15	0	0	0	0	0	0	4	15	19
85+	3	2	0	0	0	0	0	0	3	2	5
TOTALS	13	38	0	0	0	0	0	0	13	38	51

Willow Rose Rehab & Health Care
410 Fletcher Street
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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	3	24	9	1	14	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	3	24	9	1	14	0	51

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	145
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	49	0	0	0	49
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	1.00
Director of Nursing	1.00
Registered Nurses	5.00
LPN's	7.00
Certified Aides	26.00
Other Health Staff	0.00
Non-Health Staff	20.00
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
6.7%	72.4%	0.0%	0.0%	20.9%	100.0%		
159,127	1,714,456	0	668	493,933	2,368,184	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Willowcrest Nursing Pavilion
515 N Main St
Sandwich, IL. 60548

Reference Numbers

Facility ID	6008379	
Health Service Area	001	
Planning Service Area	037	DeKalb
County	037	DeKalb County

Administrator
Fred Aaron

Contact Person and Telephone
Diania Kufta
708-903-3607

Registered Agent Information

Date Questionnaire Completed 4/10/2019

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 - 2018

Residents on 1/1/2017	89
Total Admissions 2017	163
Total Discharges 2017	162
Residents on 12/31/2017	90

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	3
Mental Illness	22
Developmental Disability	1
Circulatory System	18
Respiratory System	5
Digestive System	1
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	5
Injuries and Poisonings	6
Other Medical Conditions	6
Non-Medical Conditions	0
TOTALS	90

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	109	109	90	109	90	19	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	109	109	90	109	90	19	58	116

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	6422	30.3%	14313	33.8%	1767	210	9423	0	32135	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	6422	30.3%	14313	33.8%	1767	210	9423	0	32135	80.8%	80.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	0	0	0	0	0	0	4	3	7
65 to 74	8	7	0	0	0	0	0	0	8	7	15
75 to 84	9	11	0	0	0	0	0	0	9	11	20
85+	9	36	0	0	0	0	0	0	9	36	45
TOTALS	31	59	0	0	0	0	0	0	31	59	90

Willowcrest Nursing Pavilion
515 N Main St
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	15	45	6	0	24	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	15	45	6	0	24	0	90

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	230	198
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	87	0	0	0	87
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	17.00
LPN's	10.00
Certified Aides	45.00
Other Health Staff	8.00
Non-Health Staff	29.00
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
41.2%	27.7%	7.2%	0.7%	23.4%	100.0%		
3,346,396	2,248,828	583,224	53,448	1,899,012	8,130,908	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 4/15/2019

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 - 2018

Residents on 1/1/2017	218
Total Admissions 2017	364
Total Discharges 2017	383
Residents on 12/31/2017	199

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	5
Endocrine/Metabolic	0
Blood Disorders	8
*Nervous System Non Alzheimer	29
Alzheimer Disease	10
Mental Illness	28
Developmental Disability	11
Circulatory System	24
Respiratory System	9
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	0
Musculo-skeletal Disorders	16
Injuries and Poisonings	5
Other Medical Conditions	37
Non-Medical Conditions	5
TOTALS	199

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	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	133	69		
TOTAL BEDS	293	293	237	293	199	94	20	22

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2574	35.3%	3614	45.0%	0	1308	15840	0	23336	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	55831	0	55831	75.7%	75.7%
TOTALS	2574	35.3%	3614	45.0%	0	1308	71671	0	79167	74.0%	74.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	1	1	2	3
75 to 84	2	9	0	0	0	0	4	21	6	30	36
85+	14	39	0	0	0	0	31	76	45	115	160
TOTALS	17	49	0	0	0	0	35	98	52	147	199

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	6	10	0	50	0	0	66
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	133	0	0	133
TOTALS	6	10	0	183	0	0	199

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	323	305
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	89	158

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered 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	131	197
Race Unknown	0	0	0	2	2
Total	66	0	0	133	199

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	66	0	0	131	197
Ethnicity Unknown	0	0	0	2	2
Total	66	0	0	133	199

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	10.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	19.00
LPN's	13.00
Certified Aides	45.00
Other Health Staff	11.00
Non-Health Staff	130.00
Totals	229.00

NET REVENUE BY PAYOR 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%	1.6%	0.0%	4.7%	81.9%	100.0%		
1,952,312	264,361	0	786,574	13,571,453	16,574,700	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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
Jackie Prestel

Contact Person and Telephone
Jackie Prestel
847-377-7200

Registered Agent Information

Date Questionnaire Completed 4/11/2019

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 - 2018

Residents on 1/1/2017	119
Total Admissions 2017	76
Total Discharges 2017	76
Residents on 12/31/2017	119

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	11
Blood Disorders	0
*Nervous System Non Alzheimer	12
Alzheimer Disease	21
Mental Illness	42
Developmental Disability	0
Circulatory System	17
Respiratory System	4
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	2
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	119

Total Residents Diagnosed as Mentally Ill 42

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	123	123	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	123	123	119	105	224	224

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	2344	2.9%	10088	12.3%	24809	234	6471	0	43946	53.8%	53.8%
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	2344	2.9%	10088	12.3%	24809	234	6471	0	43946	53.8%	53.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED 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	3	3	0	0	0	0	0	0	3	3	6
65 to 74	10	14	0	0	0	0	0	0	10	14	24
75 to 84	8	18	0	0	0	0	0	0	8	18	26
85+	12	46	0	0	0	0	0	0	12	46	58
TOTALS	36	83	0	0	0	0	0	0	36	83	119

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	6	34	58	1	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	6	34	58	1	20	0	119

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	112	0	0	0	112
Race Unknown	3	0	0	0	3
Total	119	0	0	0	119

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	3	0	0	0	3
Non-Hispanic	116	0	0	0	116
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	9.00
LPN's	4.00
Certified Aides	32.00
Other Health Staff	10.00
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
17.0%	63.8%	0.0%	1.3%	17.9%	100.0%		
1,534,295	5,763,253	0	121,079	1,618,534	9,037,161	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

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 4/17/2019

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 - 2018

Residents on 1/1/2017	63
Total Admissions 2017	326
Total Discharges 2017	324
Residents on 12/31/2017	65

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	3
Alzheimer Disease	2
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	11
Digestive System	0
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	11
Injuries and Poisonings	12
Other Medical Conditions	5
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	80	72	65	72	65	15	36	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	80	72	65	72	65	15	36	18

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	2060	31.4%	0	1926	13091	0	23127	79.2%	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	6050	46.0%	2060	31.4%	0	1926	13091	0	23127	79.2%	88.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	8	13	0	0	0	0	0	0	8	13	21
85+	8	32	0	0	0	0	0	0	8	32	40
TOTALS	19	46	0	0	0	0	0	0	19	46	65

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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	23	4	0	6	32	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	23	4	0	6	32	0	65

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	414	331
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	63	0	0	0	63
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	14.00
LPN's	8.00
Certified Aides	33.00
Other Health Staff	3.00
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
34.3%	1.9%	0.0%	3.7%	60.0%	100.0%		
4,561,528	256,151	0	494,786	7,982,594	13,295,059	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Winnebago County DBA River Bluff Nursing Home
4401 N. Main St.

Reference Numbers

Facility ID	6008007	
Health Service Area	001	
Planning Service Area	201	Winnebago
County	201	Winnebago County

Administrator
Pat McDiarmid

Contact Person and Telephone
Jeannie Thompson
815-921-9209

Registered Agent Information
Frank Haney Winnebago County
404 Elm St.
Rockford, IL 61101

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	199
Total Admissions 2017	79
Total Discharges 2017	116
Residents on 12/31/2017	162

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	6
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	64
Mental Illness	27
Developmental Disability	0
Circulatory System	27
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	4
Other Medical Conditions	3
Non-Medical Conditions	0
TOTALS	162

Total Residents Diagnosed as Mentally Ill 0

Total Residents Reported as Identified Offenders 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	LICENSED 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	275	198	275	162	142	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	275	198	275	162	142	76	304

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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	7.1%	50039	45.1%	6563	0	5995	0	64573	58.2%	64.3%
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	1976	7.1%	50039	45.1%	6563	0	5995	0	64573	58.2%	64.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	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	3	2	0	0	0	0	0	0	3	2	5
65 to 74	5	17	0	0	0	0	0	0	5	17	22
75 to 84	15	26	0	0	0	0	0	0	15	26	41
85+	18	69	0	0	0	0	0	0	18	69	87
TOTALS	43	119	0	0	0	0	0	0	43	119	162

Winnebago County DBA River Bluff Nursing Home
4401 N. Main St.

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	145	0	0	14	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	3	145	0	0	14	0	162

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	250	200
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	162	0	0	0	162

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	4	0	0	0	4
Non-Hispanic	158	0	0	0	158
Ethnicity Unknown	0	0	0	0	0
Total	162	0	0	0	162

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	38.00
Other Health Staff	5.00
Non-Health Staff	66.00
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
11.4%	76.4%	0.0%	1.0%	11.2%	100.0%		
1,247,045	8,367,049	0	113,797	1,227,489	10,955,380	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 x214

Registered Agent Information

Date Questionnaire Completed 4/19/2019

ADMISSION RESTRICTIONS

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 - 2018

Residents on 1/1/2017	86
Total Admissions 2017	24
Total Discharges 2017	22
Residents on 12/31/2017	88

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	2
Blood Disorders	0
*Nervous System Non Alzheimer	24
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	10
Respiratory System	1
Digestive System	0
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	43
Other Medical Conditions	2
Non-Medical Conditions	0
TOTALS	88

Total Residents Diagnosed as Mentally Ill 77

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	88	0	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	88	0	88	88

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. 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%	78	0.2%	4	0	2	0	88	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%	78	0.2%	4	0	2	0	88	0.3%	0.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	25	9	0	0	0	0	0	0	25	9	34
45 to 59	34	9	0	0	0	0	0	0	34	9	43
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	3	0	0	0	0	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	65	23	0	0	0	0	0	0	65	23	88

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	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	4	78	4	0	2	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	4	78	4	0	2	0	88

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	78	0	0	0	78
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	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	1.14
Registered Nurses	6.58
LPN's	7.52
Certified Aides	39.09
Other Health Staff	9.00
Non-Health Staff	26.36
Totals	90.69

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
10.3%	87.2%	0.7%	0.0%	1.8%	100.0%		
591,154	4,989,851	42,508	0	101,970	5,725,483	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Winston Manor Conv & Nursing
2155 West 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 N. Hamlin Ave
Lincolnwood, IL 60712

Date Questionnaire Completed 4/17/2019

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 - 2018

Residents on 1/1/2017	151
Total Admissions 2017	180
Total Discharges 2017	235
Residents on 12/31/2017	96

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	35
Blood Disorders	0
*Nervous System Non Alzheimer	11
Alzheimer Disease	0
Mental Illness	24
Developmental Disability	0
Circulatory System	11
Respiratory System	10
Digestive System	0
Genitourinary System Disorders	0
Skin Disorders	0
Musculo-skeletal Disorders	4
Injuries and Poisonings	0
Other Medical Conditions	1
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 45

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	180	180	151	180	96	84	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	96	84	0	180

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	0	0.0%	34971	53.2%	0	0	69	0	35040	53.3%	53.3%
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%	34971	53.2%	0	0	69	0	35040	53.3%	53.3%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	10	0	0	0	0	0	0	14	10	24
60 to 64	17	7	0	0	0	0	0	0	17	7	24
65 to 74	22	6	0	0	0	0	0	0	22	6	28
75 to 84	6	3	0	0	0	0	0	0	6	3	9
85+	2	0	0	0	0	0	0	0	2	0	2
TOTALS	67	29	0	0	0	0	0	0	67	29	96

Winston Manor Conv & Nursing
2155 West 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	95	0	0	1	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	95	0	0	1	0	96

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	165	155
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	35	0	0	0	35
Hawaiian/Pacific Isl.	0	0	0	0	0
White	56	0	0	0	56
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	22	0	0	0	22
Non-Hispanic	74	0	0	0	74
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	10.00
LPN's	4.00
Certified Aides	20.00
Other Health Staff	0.00
Non-Health Staff	30.00
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
0.0%	99.8%	0.0%	0.2%	0.0%	100.0%		
0	4,796,298	0	11,445	0	4,807,743	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
Patricica Correa

Contact Person and Telephone
Patricia Correa
773-486-7700

Registered Agent Information
Much Shelist
190 North Wacker Drive
Chicago, IL 60606

Date Questionnaire Completed 4/19/2019

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 - 2018

Residents on 1/1/2017	202
Total Admissions 2017	167
Total Discharges 2017	168
Residents on 12/31/2017	201

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	19
Blood Disorders	1
*Nervous System Non Alzheimer	16
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	65
Respiratory System	20
Digestive System	7
Genitourinary System Disorders	8
Skin Disorders	5
Musculo-skeletal Disorders	9
Injuries and Poisonings	13
Other Medical Conditions	36
Non-Medical Conditions	0
TOTALS	201

Total Residents Diagnosed as Mentally Ill 1

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	222	216	212	214	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	216	212	214	201	21	222	222

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	7849	9.7%	60324	74.4%	2818	585	853	0	72429	89.4%	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	7849	9.7%	60324	74.4%	2818	585	853	0	72429	89.4%	91.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	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	14	12	0	0	0	0	0	0	14	12	26
60 to 64	12	10	0	0	0	0	0	0	12	10	22
65 to 74	34	24	0	0	0	0	0	0	34	24	58
75 to 84	29	40	0	0	0	0	0	0	29	40	69
85+	10	14	0	0	0	0	0	0	10	14	24
TOTALS	100	101	0	0	0	0	0	0	100	101	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	21	66	113	1	0	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	21	66	113	1	0	0	201

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	215	215
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

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	45	0	0	0	45
Hawaiian/Pacific Isl.	0	0	0	0	0
White	154	0	0	0	154
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	164	0	0	0	164
Non-Hispanic	37	0	0	0	37
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	10.00
LPN's	24.00
Certified Aides	56.00
Other Health Staff	19.00
Non-Health Staff	72.00
Totals	183.00

NET REVENUE BY PAYOR 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%	66.7%	3.1%	0.7%	0.5%	100.0%		
4,787,222	11,046,209	512,826	122,357	86,645	16,555,259	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.

Wynscape Health and Rehabilitaton 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 Musial

Contact Person and Telephone
Aimee Musial
630-665-4330

Registered Agent Information
National Corporate Research LT
520 S. 2nd Street
Des Moines, IA 50309

Date Questionnaire Completed 4/26/2019

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 - 2018

Residents on 1/1/2017	98
Total Admissions 2017	729
Total Discharges 2017	735
Residents on 12/31/2017	92

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	1
Endocrine/Metabolic	3
Blood Disorders	0
*Nervous System Non Alzheimer	9
Alzheimer Disease	0
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	10
Digestive System	6
Genitourinary System Disorders	3
Skin Disorders	1
Musculo-skeletal Disorders	7
Injuries and Poisonings	16
Other Medical Conditions	5
Non-Medical Conditions	5
TOTALS	92

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	209	209	107	209	92	117	199	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	209	209	107	209	92	117	199	8

FACILITY UTILIZATION - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	TOTAL Pat. days	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
Nursing Care	11010	15.2%	769	26.3%	0	5302	18156	0	35237	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	11010	15.2%	769	26.3%	0	5302	18156	0	35237	46.2%	46.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	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	6	0	0	0	0	0	0	4	6	10
75 to 84	10	12	0	0	0	0	0	0	10	12	22
85+	14	44	0	0	0	0	0	0	14	44	58
TOTALS	29	63	0	0	0	0	0	0	29	63	92

Wynscape Health and Rehabilitaton 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	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	28	2	0	10	52	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	28	2	0	10	52	0	92

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	305	290
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	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	87	0	0	0	87
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	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	1.00
Director of Nursing	1.00
Registered Nurses	23.20
LPN's	10.50
Certified Aides	50.00
Other Health Staff	7.00
Non-Health Staff	19.00
Totals	112.70

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
50.9%	1.0%	0.0%	19.2%	28.9%	100.0%		
6,649,980	126,174	0	2,508,316	3,773,939	13,058,409	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 Plum Grove Road
Rolling Meadows, IL 60008

Date Questionnaire Completed 3/26/2019

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 - 2018

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 - 2018

PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicare Occ. Pct.	Medicaid Pat. days	Medicaid Occ. Pct.	Other Public Pat. days	Private Insurance Pat. days	Private Pay 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	0	0	5475	93.8%	93.8%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5475	93.8%	0	0	0	0	5475	93.8%	93.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2018

AGE GROUPS	NURSING CARE Male	NURSING CARE Female	SKL UNDER 22 Male	SKL UNDER 22 Female	INTERMED. DD Male	INTERMED. DD Female	SHELTERED Male	SHELTERED Female	TOTAL Male	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	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	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	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
Nursing Care	0	0
Skilled Under 22	0	0
Intermediate DD	229	150
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	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	0.20
Physicians	0.00
Director of Nursing	0.00
Registered Nurses	0.00
LPN's	0.00
Certified Aides	5.80
Other Health Staff	0.00
Non-Health Staff	2.80
Totals	8.80

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%	100.0%	0.0%	0.0%	0.0%	100.0%		
0	820,587	0	0	0	820,587	0	0.0%

*Charity Care Expense does not include expenses which may be considered a community benefit.