

# CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**HAND DELIVERED**

November 4, 2009

**RECEIVED**

NOV 04 2009

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Mr. Michael Constantino,  
Chief Project Review  
**Illinois Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761

Re: Project Number **09-030** Addison  
Rehabilitation and Living Center.

Dear Mr. Constantino:

Please accept this correspondence as additional public information. Additionally, the State had published the 2008 utilization figures. The updated utilization figures are changes to the latest information available since the filing of the above referenced CON application. Therefore, I am enclosing the updated data for your convenience.

Enclosed as **EXHIBIT I** are four additional letters of community support for the proposed project. Enclosed as **EXHIBIT II** is a chart updating the information provided on page 234 (Attachment-12D) of the application as originally submitted. Appended as **EXHIBIT III**, is the actual 2008 facility profiles for all facilities identified as within the proposed 30-minute market area. The facility profiles are to update the 2007 profiles as found between pages 85-233 under Attachment-12C of the CON as originally submitted. Finally, appended as **EXHIBIT IV** are the Kane County Planning Area profiles for latest year 2008 and for the base year that the Inventory of Health Care Facilities and Services and Need Determinations utilized for use rates, 2005. The Planning Area profiles are to update Attachment-12E (the 2007 Kane County Planning Area profile) as found on page 235 of the application as originally filed.

The data provided as **EXHIBIT II-IV** all document the issue of accessibility to general long-term nursing care beds. The Planning Area use rates have increased from the base year (2005) through current year (2008). As the Inventory has not been updated to reflect this, the current need for additional beds appears to be understated. The area facilities' utilization



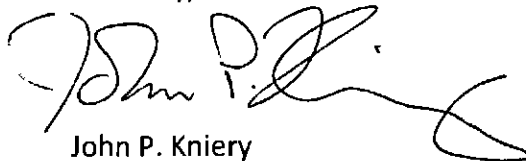
Health Care Consulting

Mr. Michael Constantino  
November 4, 2009  
Page Two

shows that the utilization rates have not decreased but have rather increased slightly. Accordingly, the facility data from within the 30-minute travel time indicates that from Calendar Year 2007 to 2008 the Planning Area lost 10 beds yet the total patient days increased. The Kane County Planning Area profiles show a similar situation in that utilization rates continue to increase from 83% in 2005 to 84.7% in 2007 and 85.1% in 2008.

On behalf of the Applicant, thank you and your staff for your consideration on this project. Should you have any questions, concerns, or need additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "John P. Kniery". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John P. Kniery  
Health Care Consultant

ENCLOSURES

C: Aaron Mann  
Charles Sheets, Attorney at Law

Bazos, Freeman, Kramer, Schuster, Vanek & Kolb  
Attorneys at Law



Date October 27, 2009

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

We are writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center on Lot 2 of Capital Corporate Center in the City of Elgin, Illinois. The facility, which will be located in close proximity to the new Sherman Hospital facility, will integrate a best practices approach for individuals who need rehabilitative services. In addition, we feel this project will be positive for the Elgin business community, creating jobs in the nursing field and construction industry during the development of the building.

It is our understanding that the proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. We understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, we believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered in Elgin. Because the project aims to raise the level of nursing care options in Elgin as well as provide an economic lift to the local economy, we strongly support the approval of the Addison Rehabilitation & Living Center.

We wish you success in your endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew E. Kolb', written in a cursive style.

Andrew E. Kolb

Peter C. Bazos  
Bradley T. Freeman  
Robert S. Kramer  
Mark Schuster  
Gary M. Vanek  
Andrew E. Kolb

Scott P. Larson  
Writer's e-mail:  
pbazos@sbfklaw.com  
Ph: 847-742-8800 x107



**monarch**  
DESIGN & CONSTRUCTION, LLC

October 27, 2009

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

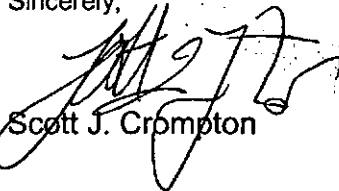
We are writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center on Lot 2 of Capital Corporate Center in the City of Elgin, Illinois. The facility, which will be located in close proximity to the new Sherman Hospital facility, will integrate a best practices approach for individuals who need rehabilitative services. In addition, we feel this project will be positive for the Elgin business community, creating jobs in the nursing field and construction industry during the development of the building.

It is our understanding that the proposed state of the art facility will consist of all private rooms with attached bathroom and offer high-end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. We understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, we believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered in Elgin. Because the project aims to raise the level of nursing care options in Elgin as well as provide an economic lift to the local economy, we strongly support the approval of the Addison Rehabilitation & Living Center.

We wish you success in your endeavor.

Sincerely,



Scott J. Crompton

Driven by Your Success

**Petroliance**  
LLC

Northern Illinois  
Regional Headquarters

739 N. State St.  
Elgin, IL 60123  
847-741-2577  
800-628-7231 toll free  
847-741-2590 (fax)  
[www.petroliance.com](http://www.petroliance.com)

September 9, 2009

Mrs. Whitney Arado  
1866 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

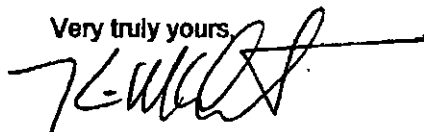
We are writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services. In addition, we feel this project will be positive for the Elgin business community, creating jobs in the nursing field and construction industry during the development of the building.

It is our understanding that the proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. We understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, we believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered in Elgin. Because the project aims to raise the level of nursing care options in Elgin as well as provide an economic lift to the local economy, we strongly support the approval of the Addison Rehabilitation & Living Center.

We wish you success in your endeavor.

Very truly yours,



Kevin McCarter  
Chief Executive Officer

Serving the eastern United States through the following regional facilities:  
Illinois, Ohio, North Carolina, South Carolina, Georgia, Florida



# ANDERSON ASSOCIATES, INC.

Real Estate

1752 Capital Street  
Suite 200  
ELGIN, ILLINOIS 60123  
(847) 468-1090

Facsimile: (847) 468-0204

E-mail: [matt@andersonassociatesinc.com](mailto:matt@andersonassociatesinc.com)

Michael J. Anderson  
Matt M. Anderson

Mrs. Whitney Arado  
1666 Checker Rd.  
Long Grove, IL 60047

Dear Mrs. Arado,

We are writing in strong support of Addison Rehabilitation & Living Center's plans to build a 120 bed skilled nursing and rehabilitation center here in the City of Elgin. The facility, which will be located in close proximity to Sherman Hospital, will integrate a best practices approach for individuals who need rehabilitative services. In addition, we feel this project will be positive for the Elgin business community, creating jobs in the nursing field and construction industry during the development of the building.

It is our understanding that the proposed state of the art facility will consist of all private rooms with attached bathroom and offer high end amenities. There will be many congregate areas for patients and visitors, plus a large therapy gym. We understand that this facility will serve the care needs of the post hospital patient needing additional therapy or treatment prior to returning to the community and with the aging population, we believe that a facility such as this would be increasingly important to the Elgin area.

The services proposed by The Addison will provide a level of specialized services not offered in Elgin. Because the project aims to raise the level of nursing care options in Elgin as well as provide an economic lift to the local economy, we strongly support the approval of the Addison Rehabilitation & Living Center.

We wish you success in your endeavor.

Sincerely,

Mike Anderson  
Anderson Associates Inc

Matt Anderson  
Anderson Associates Inc

Joe Galvin  
Anderson Associates Inc

George Badke  
Anderson Associates Inc

The Addison Rehabilitation Living Center  
Elgin, Illinois

Facility Name	2007 # of Licensed Nursing Beds	2008 # of Licensed Nursing Beds	2007 Nursing Patient Days	2008 Nursing Patient Days	2007 Nursing Occupancy	2008 Nursing Occupancy	2007 Admissions	2008 Admissions	2007 Potential Beds (Under/Over 90%)	2008 Potential Beds (Under/Over 90%)	2007 ALOS	2008 ALOS
Rosewood Care Center of Elgin	139	139	44,325	43,150	87.4%	84.8%	470	330	3.7	6.9	94	131
Apostolic Christian Resthaven	50	50	17,880	17,851	98.0%	97.5%	15	21	-4.0	-3.9	1,192	850
Sherman West Court	120	120	34,165	34,362	78.0%	78.2%	637	649	14.4	13.9	54	53
Asta Care Center of Elgin	102	102	33,174	32,674	89.1%	87.5%	75	67	0.8	2.3	442	488
Maplewood Care	203	203	67,756	71,736	91.4%	98.6%	221	110	-2.8	-13.8	307	652
Manor Care - Elgin	88	88	26,291	25,804	81.9%	80.1%	236	258	7.2	8.5	111	100
Tower Hill Healthcare Center	206	206	59,987	67,358	79.8%	89.3%	165	121	21.1	0.9	364	557
South Elgin Rehab & Hlthcare Ct	90	90	22,841	20,612	69.5%	62.6%	177	128	18.4	24.5	129	161
Heritage Manor-Elgin	94	94	29,793	30,469	86.8%	88.6%	69	89	3.0	1.1	432	342
Alden-Poplar Creek Rehab & Care	217	217	60,038	62,671	75.8%	78.9%	381	374	30.8	23.6	158	168
Lexington of Streamwood (1)	224	214	59,095	61,569	72.3%	78.6%	561	355	39.7	23.9	105	173
Crystal Pines Rehab & HCC	114	114	38,349	36,405	92.2%	87.3%	114	89	-2.5	2.9	336	409
Alden Estates of Barrington, Inc.	150	150	39,813	39,962	72.4%	72.8%	527	563	26.5	25.5	75	71
Provena Pine View Care Center	120	120	37,615	34,511	85.9%	78.6%	270	256	4.9	13.4	139	135
Fountains at Crystal Lake	97	97	25,175	25,485	71.1%	71.8%	853	657	18.3	17.5	39	39
Rosewood Care Ctr St. Charles	109	109	27,597	29,126	69.4%	73.0%	378	280	22.5	18.3	73	112
Fair Oaks Health Care Center	46	46	15,400	14,649	91.7%	87.0%	84	218	-0.8	1.3	183	67
Covenant Health Care Center	98	98	35,290	34,990	87.7%	96.6%	99	105	-7.6	-6.8	356	333
Friendship Village Schaumburg	250	250	81,283	79,658	89.1%	87.1%	493	615	2.3	6.8	165	130
Manor Care of Rolling Meadows	155	155	45,891	44,003	81.1%	77.6%	455	507	13.8	18.9	101	87
Rosewood Care Center Inverness	142	142	36,671	35,248	70.8%	67.8%	796	445	27.3	31.2	46	79
Lexington of Schaumburg	214	214	71,978	69,593	92.1%	88.9%	589	376	-4.6	1.9	122	185
Wood Glen Nursing & Rehab Ctr	207	207	74,574	73,598	98.7%	97.1%	82	82	-18.0	-15.3	909	898
Provena Geneva Care Center	107	107	34,584	33,359	88.6%	85.2%	145	220	1.5	4.9	239	152
Florence Nursing Home	52	52	11,674	13,239	61.5%	69.6%	29	44	14.8	10.5	403	301
	<b>3,395</b>	<b>3,385</b>	<b>1,031,039</b>	<b>1,032,080</b>	<b>83.2%</b>	<b>83.3%</b>	<b>7,721</b>	<b>6,939</b>	<b>230.7</b>	<b>218.9</b>	<b>134</b>	<b>149</b>

New Permits:

Church Street Station Skilled Nsg (2)	150
Assisi HCC at Clare Oaks (3)	120
Meadowbrook Manor-Geneva (4)	150
Greenfields of Geneva (5)	40
	<u>460</u>
	<u>3,855</u>

Source: Long-Term Care Facility Questionnaire for 2007, Illinois Department of Public Health, Health Systems Development  
Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development  
[www.mapquest.com](http://www.mapquest.com)

- (1) Received permission on 6/03/08 to decrease number of nursing care beds from 224 to 214.
- (2) P-06-048 altered to reduce the approved number of nursing care beds from 237 to 150 effective 6/12/07.
- (3) P-05-002 issued to construct a facility with 120 nursing care beds and 33 sheltered care beds effective 8/5/05. Licensed on 6/2/08.
- (4) P-08-099 issued on 9/02/09 to establish a 150 bed nursing care facility.
- (5) P-08-083 issued on 9/01/09 to establish a 40 bed nursing care facility.

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CENTER OF ELGIN ELGIN

ROSEWOOD CARE CENTER OF ELGIN  
 2355 ROYAL BOULEVARD  
 ELGIN, IL 60123  
 Reference Numbers Facility ID 6014237  
 Health Services Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS	AVERAGE DAILY PAYMENT RATES
								LEVEL OF CARE SINGLE DOUBLE
Nursing Care	25	38	0	1	52	0	117	Nursing Care 139 136
Skilled Under 22	0	0	0	0	0	0	0	Skilled Under 22 0 0
Intermediate DD	0	0	0	0	0	0	0	Intermediate DD 0 0
Sheltered Care	0	0	0	0	0	0	0	Shelter 0 0
<b>TOTALS</b>	<b>25</b>	<b>38</b>	<b>0</b>	<b>1</b>	<b>52</b>	<b>0</b>	<b>117</b>	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICFDD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	112	0	0	0	112
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>117</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
2,061,248	802,775	0	172,115	2,206,485	0
39.2%	15.3%	0.0%	3.3%	42.2%	0.0%
<b>TOTALS</b>	<b>100.0%</b>	<b>5,232,623</b>			

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CENTER OF ELGIN ELGIN

ROSEWOOD CARE CENTER OF ELGIN  
 2355 ROYAL BOULEVARD  
 ELGIN, IL 60123  
 Reference Numbers Facility ID 6014237  
 Health Services Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5
Neurosis	0	0	0	0	0	5
Endocrine/Metabolic	0	0	0	0	0	4
Blood Disorders	0	0	0	0	0	0
*Nervous System Non Alzheimer	0	0	0	0	0	13
Alzheimer Disease	0	0	0	0	0	17
Mental Illness	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	27
Respiratory System	0	0	0	0	0	4
Digestive System	0	0	0	0	0	3
Genitourinary System Disorders	0	0	0	0	0	6
Skin Disorders	0	0	0	0	0	3
Musculo-skeletal Disorders	0	0	0	0	0	14
Injuries and Poisonings	0	0	0	0	0	10
Other Medical Conditions	0	0	0	0	0	11
Non-Medical Conditions	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

ADMISSIONS AND DISCHARGES - 2008

ADMISSIONS	1/1/2008	TOTAL
Residents on 1/1/2008	119	119
Total Admissions 2008	330	330
Residents on 12/31/2008	117	117

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	139	139	117	22	42	41	419
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTAL BEDS</b>	<b>139</b>	<b>139</b>	<b>117</b>	<b>22</b>	<b>42</b>	<b>41</b>	<b>419</b>

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	8508	55.3%	13180	87.8%	601	20963	43150
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Sheltered Care	0	0.0%	0	0.0%	0	0	0
<b>TOTALS</b>	<b>8508</b>	<b>55.3%</b>	<b>13180</b>	<b>87.8%</b>	<b>601</b>	<b>20963</b>	<b>43150</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	1
60 to 64	0	2	0	0	0	0	2
65 to 74	6	4	0	0	0	0	10
75 to 84	12	17	0	0	0	0	29
85+	13	62	0	0	0	0	75
<b>TOTALS</b>	<b>31</b>	<b>86</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>117</b>

EXHIBIT III



APOSTOLIC CHRISTIAN RESTHAVEN  
2750 WEST HIGHLAND AVENUE  
ELGIN, IL 60124

Reference Numbers Facility ID 6000392  
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Misc/Ad	Public	Other	Private Pay	Charity Care	TOTALS
Nursing Care	0	17	0	0	32	0	49
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>0</b>	<b>49</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	49	0	0	0	49
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity Care
0.0%	33.0%	0.0%	66.4%	0.0%
10	960,292	0	1,690,372	0
<b>TOTALS</b>	<b>100.0%</b>	<b>2,558,644</b>	<b>0</b>	<b>0</b>

APOSTOLIC CHRISTIAN RESTHAVEN  
2750 WEST HIGHLAND AVENUE  
ELGIN, IL 60124

Reference Numbers Facility ID 6000392  
Health Service Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	21
Aggressive/Anxi-Social	1							
Chronic Alcoholism	1							
Developmentally Disabled	1							
Drug Addiction	0							
Medicaid Recipient	0							
Medical Illness	1							
Non-Ambulatory	0							
Public Aid Recipient	0							
Under 65 Years Old	0							
Unable to Self-Medicare	0							
Ventilator Dependent	1							
Infectious Disease w/ Isolation	0							
Other Restrictions	1							
No Restrictions	0							
<i>Note: Reported restrictions denoted by '1'</i>								
<b>TOTALS</b>	<b>49</b>							

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE	MEDICAID	CERTIFIED
Nursing Care	50	49	1	50	47
Skilled Under ZZ	0	0	0	0	21
Intermediate DD	0	0	0	0	19
Sheltered Care	0	0	0	0	49
<b>TOTAL BEDS</b>	<b>50</b>	<b>49</b>	<b>1</b>	<b>50</b>	<b>136</b>

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds	Set Up
Nursing Care	0	7114	0	0	10737	0	17851	97.5%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	7114	0	0	10737	0	17851	97.5%
<b>TOTALS</b>	<b>0</b>	<b>14228</b>	<b>0</b>	<b>0</b>	<b>21474</b>	<b>0</b>	<b>35702</b>	<b>97.5%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 to 84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
85 to 94	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95 to 104	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
105+	5	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SHERMAN WEST COURT ELGIN

SHERMAN WEST COURT  
1950 LARKIN AVENUE  
ELGIN, IL 60123  
Reference Numbers Facility ID 8012027  
Health Service Area 008 Planning Service Area 089

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	11	0	5	41	0	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	0
TOTALS	32	11	0	5	41	0	89

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	181	181
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Sheltered	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
Total	89	0	0	0	89

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
7,658,044	563,115	0	767,176	3,439,916	41,930	0.3%
TOTALS	12,428,251	100.0%	0.2%	27.7%	0.3%	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 SHERMAN WEST COURT ELGIN

SHERMAN WEST COURT  
1950 LARKIN AVENUE  
ELGIN, IL 60123  
Reference Numbers Facility ID 8012027  
Health Service Area 008 Planning Service Area 089

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	1	7
Chronic Alcoholism	1	2
Developmentally Disabled	1	1
Drug Addiction	1	0
Medicaid Recipient	0	0
Medicare Recipient	0	0
Mental Illness	1	1
Non-Ambulatory	0	0
Non-Mobile	0	12
Public Aid Recipient	0	6
Under 65 Years Old	0	2
Under to Self-Medicating	0	2
Ventilator Dependent	1	3
Infectious Disease w/ Isolation	0	4
Other Restrictions	0	8
No Restrictions	0	43
TOTALS	89	89

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	120	120	Residents on 1/1/2008: 100
Skilled Under 22	0	0	Total Admissions 2008: 649
Intermediate DD	0	0	Total Discharges 2008: 690
Sheltered Care	0	0	Residents on 12/31/2008: 89
TOTAL BEDS	120	120	

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICAID/MEDICARE CERTIFIED BEDS
Nursing Care	120	120	54
Skilled Under 22	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
TOTAL BEDS	120	120	54

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	13807	3827	0	1005	15772	151	34362
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	13807	3827	0	1005	15772	151	34362

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds
Nursing Care	13807	3827	0	1005	15772	151	34362
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	13807	3827	0	1005	15772	151	34362

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	3	1	0	0	3	1	4
60 to 74	0	0	0	0	0	0	0
75 to 84	4	2	0	0	4	2	6
85 to 94	6	15	0	0	6	15	21
95+	13	42	0	0	13	42	55
TOTALS	28	61	0	0	28	61	89

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ASTA CARE CENTER OF ELGIN

ASTA CARE CENTER OF ELGIN  
 134 NORTH MCLEAN BOULEVARD  
 ELGIN, IL 60123  
 Facility ID 6005847  
 Health Service Area 008 Planning Service Area 089  
 Reference Numbers david.meiselman

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	Neurosis	3
Chronic Alcoholism	Endocrine/Metabolic	17
Developmentally Disabled	Blood Disorders	1
Drug Addiction	*Nervous System Non Alzheimer	8
Medicaid Recipient	Alzheimer Disease	8
Medicare Recipient	Mental Illness	25
Mental Illness	Developmental Disability	0
Non-Ambulatory	Circulatory System	10
Non-Mobile	Respiratory System	4
Public Aid Recipient	Digestive System	0
Under 65 Years Old	Genitourinary System Disorders	7
Unable to Self-Medicate	Skin Disorders	0
Verbalizer/Dependent	Musculo-skeletal Disorders	1
Infectious Disease w/ Isolation	Injuries and Poisonings	0
Other Restrictions	Other Medical Conditions	0
No Restrictions	Non-Medical Conditions	3
Note: Reported restrictions dropped by 1/1		
TOTALS	TOTALS	85

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	11	0	0	0	11
Hawaiian/Pac. Isl.	1	0	0	0	1
White	73	0	0	0	73
Race Unknown	0	0	0	0	0
Total	85	0	0	0	85

RESIDENTS BY ETHNICITY

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	13	0	0	0	13
Non-Hispanic	72	0	0	0	72
Ethnicity Unknown	0	0	0	0	0
Total	85	0	0	0	85

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
40.1%	51.8%	0.0%	3.0%	5.1%	0.0%
2,240,388	2,891,435	0	165,087	284,498	5,581,388

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ASTA CARE CENTER OF ELGIN

ASTA CARE CENTER OF ELGIN  
 134 NORTH MCLEAN BOULEVARD  
 ELGIN, IL 60123  
 Facility ID 6005847  
 Health Service Area 008 Planning Service Area 089  
 Reference Numbers david.meiselman

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SK UNDER 22		INTERMED. DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	8	2	0	0	0	0	0	0	10
45 to 59	13	12	0	0	0	0	13	12	25
60 to 74	3	8	0	0	0	0	3	8	11
75 to 84	8	7	0	0	0	0	8	7	15
85+	3	11	0	0	0	0	3	11	14
TOTALS	39	46	0	0	0	0	39	46	85

RESIDENTS BY FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare		Other Public		Private Insurance		Charity Care		TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	
Nursing Care	4888	25.7%	23384	82.6%	960	2085	0	32874	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	0	0.0%
TOTALS	4888	25.7%	23384	82.6%	960	2085	0	32874	89.3%

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Other Public		Private Insurance		Charity Care		TOTAL
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	
Nursing Care	4888	25.7%	23384	82.6%	960	2085	0	32874	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	0	0.0%
TOTALS	4888	25.7%	23384	82.6%	960	2085	0	32874	89.3%

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

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	102	97	100	52	Residents on 1/1/2008: 85
Skilled Under 22	0	0	0	0	Total Admissions 2008: 67
Intermediate DD	0	0	0	0	Total Discharges 2008: 67
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 85
TOTAL BEDS	102	97	100	52	

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	102	97	100	52	Residents on 1/1/2008: 85
Skilled Under 22	0	0	0	0	Total Admissions 2008: 67
Intermediate DD	0	0	0	0	Total Discharges 2008: 67
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 85
TOTAL BEDS	102	97	100	52	

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	102	97	100	52	Residents on 1/1/2008: 85
Skilled Under 22	0	0	0	0	Total Admissions 2008: 67
Intermediate DD	0	0	0	0	Total Discharges 2008: 67
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 85
TOTAL BEDS	102	97	100	52	

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	102	97	100	52	Residents on 1/1/2008: 85
Skilled Under 22	0	0	0	0	Total Admissions 2008: 67
Intermediate DD	0	0	0	0	Total Discharges 2008: 67
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 85
TOTAL BEDS	102	97	100	52	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MAPLEWOOD CARE

ELGIN

MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL 60123  
Reference Numbers Facility ID 6004756  
Health Services Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTALS
Nursing Care	4	181	0	0	3	188
Skilled Under Z2	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	4	181	0	0	3	188

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	16	0	0	0	16
Hawaiian/Pac. Isl.	0	0	0	0	0
White	167	0	0	0	167
Race Unknown	0	0	0	0	0
Total	188	0	0	0	188

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense	Total Net Revenue
3.4%	89.9%	0.0%	0.2%	6.5%	0.0%	7,892,977
285,382	6,914,902	0	16,350	486,362	0	

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MAPLEWOOD CARE

ELGIN

MAPLEWOOD CARE  
50 NORTH JANE DRIVE  
ELGIN, IL 60123  
Reference Numbers Facility ID 6004756  
Health Services Area 008 Planning Service Area 089  
Administrator  
Janie Lloyd

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	21	0	59	106	0	2	0	0	0	188
Neoplasms	0	21	0	59	106	0	2	0	0	0	188
Endocrine/Metabolic Disorders	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Nervous System Non Alzheimer	0	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Contourmary System Disorders	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	21	0	59	106	0	2	0	0	0	188

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
194	110	116	188

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Pay	Charity Care	TOTAL
Nursing Care	203	188	15	23	203	203
Skilled Under Z2	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	203	188	15	23	203	203

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing Care	1464	69174	93.1%	0	1098	0	71736	96.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Skilled Under Z2	0	0	0.0%	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTALS	1464	69174	93.1%	0	1098	0	71736	96.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER Z2		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	21	7	0	0	0	0	0	0	21	7	28
45 to 59	43	32	0	0	0	0	0	0	43	32	75
60 to 64	14	13	0	0	0	0	0	0	14	13	27
65 to 74	12	15	0	0	0	0	0	0	12	15	27
75 to 84	11	12	0	0	0	0	0	0	11	12	23
85+	3	5	0	0	0	0	0	0	3	5	8
TOTALS	104	84	0	0	0	0	0	0	104	84	188

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MANOR CARE - ELGIN**

**MANOR CARE - ELGIN**  
 180 SOUTH STATE STREET  
 ELGIN, IL, 60123  
 Reference Numbers Facility ID 6000277  
 Health Service Area 008 Planning Service Area 089

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

LEVEL OF CARE	Other				Private Care		Charity Care		TOTALS	
	Medicare	Medicaid	Public	Insurance	Pay	Care	Pay	Care	Pay	Care
Nursing Care	21	39	0	1	0	0	0	0	70	0
Skilled Under 22	0	0	0	0	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing				Skilled/ICF/DD		Shelter		TOTALS	
	Nursing	Skilled/ICF/DD	ICF/DD	Shelter	Pay	Care	Pay	Care	Pay	Care
Asian	0	0	0	0	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0	0	0	0	0
Black	9	0	0	0	0	0	0	0	9	0
Hawaiian/Pac. Is.	0	0	0	0	0	0	0	0	0	0
White	61	0	0	0	0	0	0	0	61	0
Race Unknown	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>

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

	Medicare	Other Public	Private Insurance	Private Pay	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
Medicare	48.7%	26.5%	2.8%	15.9%	0.0%	0.0%
TOTALS	2,810,362	1,529,208	162,816	947,991	5,765,027	0.0%

**FACILITY NOTES**

Name Change 11/10/2008 Name changed from Manor Care - Elgin.

**ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MANOR CARE - ELGIN**

**MANOR CARE - ELGIN**  
 180 SOUTH STATE STREET  
 ELGIN, IL, 60123  
 Reference Numbers Facility ID 6000277  
 Health Service Area 008 Planning Service Area 089

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	Count
Neoplasms	0
Endocrine/Metabolic	23
Blood Disorders	2
*Nervous System Non Alzheimer	0
Alzheimer Disease	1
Mental Illness	0
Developmental Disability	0
Circulatory System	14
Respiratory System	22
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	0
<b>TOTALS</b>	<b>70</b>

**ADMISSIONS AND DISCHARGES - 2008**

	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Licensed Beds	72	258	260	70
Skilled Under 22	0	0	0	0
Intermediate DD	0	0	0	0
Sheltered Care	0	0	0	0
<b>TOTALS</b>	<b>72</b>	<b>258</b>	<b>260</b>	<b>70</b>

**FACILITY UTILIZATION - 2008**

LEVEL OF CARE	Medicare	Other Public	Private Insurance	Private Pay	Charity Care	Peak Beds	Set Up	Occ. Pct.		
Nursing Care	6791	21.1%	13686	61.2%	1181	2946	0	25004	80.1%	98.1%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>6791</b>	<b>21.1%</b>	<b>13686</b>	<b>61.2%</b>	<b>1181</b>	<b>2946</b>	<b>0</b>	<b>25004</b>	<b>80.1%</b>	<b>85.1%</b>

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

LEVEL OF CARE	Medicare				Private Insurance				Private Pay				Charity Care			
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		
Nursing Care	6791	21.1%	13686	61.2%	1181	2946	0	25004	80.1%	98.1%	0	0	0	0		
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%	0	0	0	0		
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%	0	0	0	0		
Sheltered Care	0	0.0%	0	0.0%	0	0	0	0	0.0%	0.0%	0	0	0	0		
<b>TOTALS</b>	<b>6791</b>	<b>21.1%</b>	<b>13686</b>	<b>61.2%</b>	<b>1181</b>	<b>2946</b>	<b>0</b>	<b>25004</b>	<b>80.1%</b>	<b>85.1%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	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	0
45 to 59	2	3	0	0	0	0	0	0	2	3	5	5
60 to 64	1	1	0	0	0	0	0	0	1	1	2	2
65 to 74	8	4	0	0	0	0	0	0	8	4	10	10
75 to 84	11	14	0	0	0	0	0	0	11	14	25	25
85+	8	21	0	0	0	0	0	0	6	21	27	27
<b>TOTALS</b>	<b>27</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>43</b>	<b>70</b>	<b>70</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
 759 KANE STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6003263  
 Health Service Area 008 Planning Service Area 089

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	130	0	0	40	0	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	0
TOTALS	13	130	0	0	40	0	183

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hispanic	0	0	0	0	0
White	176	0	0	0	176
Race Unknown	0	0	0	0	0
Total	183	0	0	0	183

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
23.5%	38.1%	0.0%	0.0%	37.4%	0.0%
2,845,193	4,728,568	0	0	4,530,076	0
TOTALS	100.0%	12,103,835	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 TOWER HILL HEALTHCARE CENTER SOUTH ELGIN

TOWER HILL HEALTHCARE CENTER  
 739 KANE STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6003263  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Neoplasms	Endocrine/Metabolic	Blood Disorders	Nervous System Non Alzheimer	Alzheimer Disease	Mental Illness	Developmental Disability	Circulatory System	Respiratory System	Digestive System	Genitourinary System Disorders	Skin Disorders	Musculo-skeletal Disorders	Injuries and Poisonings	Other Medical Conditions	TOTALS
Aggressive/Anti-Social	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Drug Addiction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Aid Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Under 65 Years Old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Self-Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Dependent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Infectious Disease w/ Isolation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Restrictions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Restrictions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Note: Reported restrictions denoted by '1'	0	0	0	0	0	0	0	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	183

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	5899	7.8%	47530	63.0%	0	13927	67358
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Sheltered Care	0	0.0%	0	0.0%	0	0	0
TOTALS	5899	7.8%	47530	63.0%	0	13927	67358

ADMISSIONS AND DISCHARGES - 2008

Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
184	121	122	183

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	5899	7.8%	47530	63.0%	0	13927	67358
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Sheltered Care	0	0.0%	0	0.0%	0	0	0
TOTALS	5899	7.8%	47530	63.0%	0	13927	67358

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	3
60 to 64	0	0	0	0	0	0	0
65 to 74	6	14	0	0	6	14	20
75 to 84	18	50	0	0	16	50	66
85+	20	71	0	0	20	71	91
TOTALS	42	141	0	0	42	141	183

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	5899	7.8%	47530	63.0%	0	13927	67358
Skilled Under 22	0	0.0%	0	0.0%	0	0	0
Intermediate DD	0	0.0%	0	0.0%	0	0	0
Sheltered Care	0	0.0%	0	0.0%	0	0	0
TOTALS	5899	7.8%	47530	63.0%	0	13927	67358

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	3	0	0	0	0	3
60 to 64	0	0	0	0	0	0	0
65 to 74	6	14	0	0	6	14	20
75 to 84	18	50	0	0	16	50	66
85+	20	71	0	0	20	71	91
TOTALS	42	141	0	0	42	141	183

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 South Elgin Rehab & HHCare Ct SOUTH ELGIN

South Elgin Rehab & HHCare Ct  
 746 SPRING STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6008718  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private		Charity		TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	Care		
Nursing Care	5	38	0	0	6	0	0	49	
Skilled Under Z2	0	0	0	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	0	0	0	
Skilled Care	0	0	0	0	0	0	0	0	
TOTALS	5	38	0	0	6	0	0	49	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	SHUndZ2				ICFDD		Shelter		Totals
	Nursing	Medicaid	Public	Insurance	Pay	Care	Care		
Asian	0	0	0	0	0	0	0	0	
Amr. Indian	0	0	0	0	0	0	0	0	
Black	7	0	0	0	0	0	0	7	
Hawaiian/Pac. Isl.	0	0	0	0	0	0	0	0	
White	40	0	0	0	0	0	0	40	
Race Unknown	2	0	0	0	0	0	0	2	
Total	49	0	0	0	0	0	0	49	

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Expense as % of Total Net Revenue
1,225,721	2,056,939	5,403	68,193	317,950	0	0.0%

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 South Elgin Rehab & HHCare Ct SOUTH ELGIN

South Elgin Rehab & HHCare Ct  
 746 SPRING STREET  
 SOUTH ELGIN, IL 60177  
 Reference Numbers Facility ID 6008718  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	2	4	0	19	5	0	9	1	0	1	3	3	1	49
Neoplasms	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
*Neurotic System Non Alzheimer	0	0	0	19	0	0	0	0	0	0	0	0	0	19
Alzheimer Disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	5	0	0	0	0	0	0	0	0	5
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	9	0	0	0	0	0	0	9
Respiratory System	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Digestive System	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTALS	0	0	0	19	5	0	9	1	0	0	0	0	0	49

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	ADMISSIONS	DISCHARGES
Nursing Care	60	120
Skilled Under Z2	0	138
Intermediate DD	0	48
Skilled Care	0	0
TOTAL BEDS	60	206

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

LEVEL OF CARE	PEAK	PEAK	PEAK	PEAK
LEVEL OF CARE	BEDES	BEDES	BEDES	BEDES
LEVEL OF CARE	SET-UP	USED	SET-UP	IN USE
Nursing Care	80	80	80	49
Skilled Under Z2	0	0	0	0
Intermediate DD	0	0	0	0
Skilled Care	0	0	0	0
TOTAL BEDES	80	80	80	49

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	Private Pay	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days
Nursing Care	18378	49.7%	0	41	1983	0	20612	92.6%	0	0	0	70.4%
Skilled Under Z2	0	0.0%	0	0	0	0	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0	0	0.0%	0	0	0	0.0%
Skilled Care	0	0.0%	0	0	0	0	0	0.0%	0	0	0	0.0%
TOTALS	2212	43.2%	16378	49.7%	0	41	1983	0	20612	92.6%	0	70.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKL UNDER Z2		INTERMED DD		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	4
45 to 59	5	8	0	0	0	0	0	0	13
60 to 64	3	4	0	0	0	0	0	0	7
65 to 74	2	6	0	0	0	0	0	0	8
75 to 84	2	4	0	0	0	0	0	0	6
85+	3	8	0	0	0	0	0	0	11
TOTALS	17	32	0	0	0	0	0	0	49

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HERITAGE MANOR ELGIN LLC ELGIN

HERITAGE MANOR ELGIN LLC  
 355 RAYMOND STREET  
 ELGIN, IL 60120  
 Reference Numbers Facility ID 6006902  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	53	0	0	11	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	0
<b>TOTALS</b>	<b>7</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>76</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/DD	Shelter	Totals
Asian	3	0	0	0	0	3
Amer. Indian	0	0	0	0	0	0
Black	2	0	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0	0
Whites	71	0	0	0	0	71
Race Unknown	0	0	0	0	0	0
<b>Total</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
40.1%	46.3%	0.0%	0.0%	13.0%	0.0%
2,315,203	2,989,967	0	0	782,369	0
<b>TOTALS</b>	<b>100.0%</b>	<b>5,787,439</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 HERITAGE MANOR ELGIN LLC ELGIN

HERITAGE MANOR ELGIN LLC  
 355 RAYMOND STREET  
 ELGIN, IL 60120  
 Reference Numbers Facility ID 6006902  
 Health Service Area 008 Planning Service Area 089

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Neoplasms	Endocrine/Metabolic	Blood Disorders	Nervous System Non Alzheimer	Alzheimer Disease	Mental Illness	Developmental Disability	Respiratory System	Digestive System	Genitourinary System Disorders	Skin Disorders	Musculo-skeletal Disorders	Injuries and Poisonings	Other Medical Conditions	Non-Medical Conditions	TOTALS
Aggressive/Abul-Social	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Chronic Alcoholism	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Developmentally Disabled	0	0	0	0	0	0	29	0	0	0	0	0	0	0	0	29
Drug Addiction	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Medicaid Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Non-Ambulatory	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Mobile	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Aid Recipient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Under 65 Years Old	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unable to Self-Medicate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ventilator Dependent	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Ventricular Disease w/ Isolation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Restrictions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Restrictions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>76</b>

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

LEVEL OF CARE	PEAK BEDS	PEAK SET-UP	PEAK USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	94	94	92	76	18	94	94	Residents on 1/1/2008: 76 Total Admissions 2008: 89 Total Discharges 2008: 89 Residents on 12/31/2008: 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	0	
<b>TOTAL BEDS</b>	<b>94</b>	<b>94</b>	<b>92</b>	<b>76</b>	<b>18</b>	<b>94</b>	<b>94</b>	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare Pat. days	Medicaid Occ. Pct.	Other Public Occ. Pct.	Private Insurance Pat. days	Private Pay Pat. days	Charity Care Pat. days	Licensed Beds	Peak Beds
Nursing Care	4580	13.3%	22274	64.7%	0	3615	30469	88.6%
Skilled Under 22	0	0.0%	0	0	0	0	0	0.0%
Intermediate DD	0	0.0%	0	0	0	0	0	0.0%
Sheltered Care	0	0.0%	0	0	0	0	0	0.0%
<b>TOTALS</b>	<b>4580</b>	<b>13.3%</b>	<b>22274</b>	<b>64.7%</b>	<b>0</b>	<b>3615</b>	<b>30469</b>	<b>88.6%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care Male	Nursing Care Female	Skilled Under 22 Male	Skilled Under 22 Female	Intermediate DD Male	Intermediate DD Female	Sheltered Male	Sheltered Female	TOTAL Male	TOTAL Female	GRAND TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	2	0	0	0	0	0	0	2	2	4
75 to 84	6	23	0	0	0	0	0	0	6	23	29
85+	6	37	0	0	0	0	0	0	6	37	43
<b>TOTALS</b>	<b>14</b>	<b>62</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>62</b>	<b>76</b>



ALDEN-POPLAR CREEK REHAB & CARE  
 1545 BARRINGTON ROAD  
 HOFFMAN ESTATES, IL 60194  
 Reference Numbers Facility ID 6001366  
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Aggressive/Anxi-Social	1																	
Chronic Alcoholism	1																	
Developmentally Disabled	0																	
Drug Addiction	1																	
Medicaid Recipient	0																	
Medicare Recipient	0																	
Neurological Disease	11																	
Mental Illness	27																	
Developmental Disability	2																	
Non-Ambulatory	0																	
Non-Mobile	27																	
Public Aid Recipient	0																	
Respiratory System	1																	
Digestive System	3																	
Genitourinary System Disorders	6																	
Skin Disorders	0																	
Musculo-skeletal Disorders	4																	
Injuries and Poisonings	3																	
Other Restrictions	0																	
No Restrictions	60																	
Other Medical Conditions	0																	
Non-Medical Conditions	172																	

ADMISSION RESTRICTIONS

RESTRICTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Aggressive/Anxi-Social	1																	
Chronic Alcoholism	1																	
Developmentally Disabled	0																	
Drug Addiction	1																	
Medicaid Recipient	0																	
Medicare Recipient	0																	
Neurological Disease	11																	
Mental Illness	27																	
Developmental Disability	2																	
Non-Ambulatory	0																	
Non-Mobile	27																	
Public Aid Recipient	0																	
Respiratory System	1																	
Digestive System	3																	
Genitourinary System Disorders	6																	
Skin Disorders	0																	
Musculo-skeletal Disorders	4																	
Injuries and Poisonings	3																	
Other Restrictions	0																	
No Restrictions	60																	
Other Medical Conditions	0																	
Non-Medical Conditions	172																	

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	3	0	0	0	3
Amer. Indian	1	0	0	0	1
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	164	0	0	0	164
Races Unknown	1	0	0	0	1
Total	172	0	0	0	172

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicare	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
Medicare	5,458,803	5,191,898	261,034	620,607	0	0.0%
Other Public	42.0%	40.0%	2.0%	4.8%	100.0%	12,387,169

LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue					
Nursing Care	12181	1533%	42809	53.9%	0	1622	8049	0	62871	78.9%	88.7%
Skilled Under 22	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	12181	15.3%	42809	53.9%	0	1622	8049	0	62871	78.9%	88.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	SKL UNDER 22	INTERMED DD	SHeltered	GRAND TOTAL
Under 18	0	0	0	0	0
18 to 44	0	0	0	0	0
45 to 59	8	3	0	0	11
60 to 84	3	4	0	0	7
65 to 74	6	14	0	0	20
75 to 84	16	48	0	0	64
85+	11	58	0	0	69
TOTALS	44	128	0	0	172

LEVEL OF CARE, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

LEVEL OF CARE	PEAK BEDS	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	217	183	172	217	Residents on 1/1/2008: 174
Skilled Under 22	0	0	0	0	Total Admissions 2008: 374
Intermediate DD	0	0	0	0	Total Discharges 2008: 376
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 172
TOTAL BEDS	217	183	172	217	

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Other Public	Private Insurance	Private Pay	Charity	Expense as % of Total Net Revenue
Nursing Care	34	118	0	3	19	0
Skilled Under 22	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTALS	34	118	0	3	19	0

Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development  
 Page 59 of 2242  
 9/17/2009

LEXINGTON OF STREAMWOOD  
 815 EAST IRVING PARK ROAD  
 STREAMWOOD, IL 60107  
 Reference Numbers Facility ID 6012075  
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	RESIDENTS
Neoplasms	1
Endocrine/Metabolic	7
Blood Disorders	2
Neurological System Non Alzheimer	5
Alzheimer Disease	16
Mental Illness	0
Developmental Disability	0
Circulatory System	28
Respiratory System	12
Digestive System	2
Genitourinary System Disorders	10
Skin Disorders	5
Musculo-skeletal Disorders	22
Infectious Diseases w/ Isolation	0
Other Residencies	0
No Residencies	0
TOTALS	181

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-Medicare	0
Ventilator Dependent	1
Infectious Diseases w/ Isolation	0
Other Residencies	0
No Residencies	0

Note: Reported restrictions denoted by '1'

ADMINISTRATOR  
 Gina McCarthy

DATE COMPLETED  
 4/20/2009

REGISTERED AGENT INFORMATION

CONTACT PERSON AND TELEPHONE  
 Blodgett Rummel  
 830-458-4635

LEXINGTON OF STREAMWOOD  
 815 EAST IRVING PARK ROAD  
 STREAMWOOD, IL 60107  
 Reference Numbers Facility ID 6012075  
 Health Service Area 007 Planning Service Area 701

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	5	12	0	181
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
TOTALS	32	132	0	5	12	0	181

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICFDD	Shelter	Totals
Asian	8	0	0	0	8
Amer. Indian	1	0	0	0	1
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	158	0	0	0	158
Race Unknown	0	0	0	0	0
Total	181	0	0	0	181

ETHNICITY

ETHNICITY	Nursing	SKUnd22	ICFDD	Shelter	Totals
Hispanic	10	0	0	0	10
Non-Hispanic	171	0	0	0	171
Ethnicity Unknown	0	0	0	0	0
Total	181	0	0	0	181

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	22.00
LPN's	11.00
Certified Aides	54.00
Other Health Staff	4.00
Non-Health Staff	68.00
Totals	159.00

LEXINGTON OF STREAMWOOD  
 815 EAST IRVING PARK ROAD  
 STREAMWOOD, IL 60107  
 Reference Numbers Facility ID 6012075  
 Health Service Area 007 Planning Service Area 701

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SK UNDR ZZ		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	4	3	7	0	7
60 to 64	1	10	0	0	0	0	1	10	11	0	11
65 to 74	10	12	0	0	0	0	10	12	22	0	22
75 to 84	25	43	0	0	0	0	25	43	68	0	68
85+	12	61	0	0	0	0	12	61	73	0	73
TOTALS	52	129	0	0	0	0	52	129	181	0	181

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Ucansad Beds	Peak Beds
Nursing Care	11544	43057	0	1157	5811	0	61569	78.6%	78.6%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%	0.0%
TOTALS	11544	43057	0	1157	5811	0	61569	78.6%	78.6%

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Ucansad Beds	Peak Beds
Nursing Care	11544	43057	0	1157	5811	0	61569	78.6%	78.6%
Skilled Under ZZ	0	0	0	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%	0.0%
TOTALS	11544	43057	0	1157	5811	0	61569	78.6%	78.6%

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

LEVEL OF CARE	PEAK	BEDS USED	BEDS SET-UP	IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED
Nursing Care	214	214	188	214	33	214
Skilled Under ZZ	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
TOTAL BEDS	214	214	188	214	33	214

FACILITY OWNERSHIP  
 FOR-PROFIT CORPORATION

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
42.8%	40.3%	0.0%	3.5%	13.4%	0.0%	0.0%
5,062,872	4,780,299	0	415,827	1,990,915	0	

Facility Notes  
 8/17/2008 Received permission to decrease Nursing Care beds from 224 to 214.

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	4	3	0	0	0	0	4	3	0	0	4	3	0	0	0	0	0	0	0	0
60 to 64	1	10	0	0	0	0	1	10	0	0	1	10	0	0	0	0	0	0	0	0
65 to 74	10	12	0	0	0	0	10	12	0	0	10	12	0	0	0	0	0	0	0	0
75 to 84	25	43	0	0	0	0	25	43	0	0	25	43	0	0	0	0	0	0	0	0
85+	12	61	0	0	0	0	12	61	0	0	12	61	0	0	0	0	0	0	0	0
TOTALS	52	129	0	0	0	0	52	129	0	0	52	129	0	0	0	0	0	0	0	0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC  
 335 NORTH ILLINOIS AVENUE  
 CRYSTAL LAKE, IL 60014  
 Reference Numbers Facility ID 6002269  
 Health Service Area 008 Planning Service Area 111

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	63	0	10	18	0	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	13	63	0	10	18	0	104

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled	ICF/DD	ICF/OD	Shelter	Totals
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	104	0	0	0	0	104
Race Unknown	0	0	0	0	0	0
Total	104	0	0	0	0	104

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Expense as % of Total Net Revenue
35.4%	42.1%	0.0%	4.0%	10.0%	0.0%	0.0%
2,292,293	2,727,288	0	295,768	1,187,309	0	6,482,658

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPNs	5.00
Certified Aides	43.00
Other Health Staff	5.00
Non-Health Staff	29.00
Totals	92.00

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 CRYSTAL PINES REHAB & HCC CRYSTAL LAKE

CRYSTAL PINES REHAB & HCC  
 335 NORTH ILLINOIS AVENUE  
 CRYSTAL LAKE, IL 60014  
 Reference Numbers Facility ID 6002269  
 Health Service Area 008 Planning Service Area 111

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	5
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	41
Public Aid Recipient	3
Under 65 Years Old	5
Unable to Self-Medicat	1
Ventilator Dependence	0
Infectious Disease w/ Isolation	38
Other Restrictions	0
No Restrictions	0
Note: Reported restrictions denoted by '1'	0
TOTALS	104

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	Medicare	Medicaid	MEDICARE CERTIFIED	MEDICAD CERTIFIED	11/2008	12/2008	2008
Nursing Care	114	111	104	112	104	89	104
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTAL BEDS	114	111	104	112	104	89	104

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Private Insurance	Charity Care	Private Pay	Charity Care	Licensed Beds	Set Up	Peak Beds
Nursing Care	5415	22814	1926	6350	0	38405	87.3%	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%
Skilled Care	0	0	0	0	0	0	0.0%	0.0%	0.0%
TOTALS	5415	22814	1926	6350	0	38405	87.3%	89.6%	89.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	2	2	0	0	0	0	2	2	4	4	2
60 to 64	1	1	0	0	0	0	1	1	2	2	4
65 to 74	6	5	0	0	0	0	6	5	11	11	11
75 to 84	6	21	0	0	0	0	6	21	27	27	60
85+	11	49	0	0	0	0	11	49	60	60	204
TOTALS	26	78	0	0	0	0	26	78	104	104	104

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ALDEN ESTATES OF BARRINGTON, INC. BARRINGTON

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

Reference Numbers Facility ID 6003735  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private		TOTALS
	Medicaid	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	38	51	0	9	12	0	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	0
<b>TOTALS</b>	<b>38</b>	<b>51</b>	<b>0</b>	<b>9</b>	<b>12</b>	<b>0</b>	<b>108</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	356	264
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Sheltered	TOTALS
Asian	3	0	0	0	3
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hispanic	0	0	0	0	0
White	102	0	0	0	102
Race Unknown	1	0	0	0	1
<b>Total</b>	<b>108</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
55.6%	24.0%	0.6%	8.8%	7.9%	0.0%
7,010,115	3,283,536	79,306	1,247,927	968,444	12,819,330
<b>TOTALS</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0.0%</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ALDEN ESTATES OF BARRINGTON, INC. BARRINGTON

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

Reference Numbers Facility ID 6003735  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	108
Neoplasms	0	0	0	0	0	0	0	0
Endocrine/Metabolic Disorders	1	0	0	0	0	0	0	1
"Nervous System Non Alzheimer	1	0	0	0	0	0	0	1
Alzheimer Disease	0	0	0	0	0	0	0	0
Mental Illness	1	0	0	0	0	0	0	1
Developmental Disability	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0
Skin Disorders	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>108</b>

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

LEVEL OF CARE	PEAK BEDS	PEAK BEDS SET-UP	USED	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	150	131	131	108	42	134	94	Residents on 1/1/2008: 105 Total Admissions 2008: 563 Total Discharges 2008: 560 Residents on 12/31/2008: 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	0	
<b>TOTAL BEDS</b>	<b>150</b>	<b>131</b>	<b>131</b>	<b>108</b>	<b>42</b>	<b>134</b>	<b>94</b>	

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Unlicensed Beds	Peak Beds
Nursing Care	15136	17068	48.7%	0	2627	5111	3962	72.8%
Skilled Under 22	0	0	0.0%	0	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0	0.0%
<b>TOTALS</b>	<b>15136</b>	<b>17068</b>	<b>48.7%</b>	<b>0</b>	<b>2627</b>	<b>5111</b>	<b>3962</b>	<b>72.8%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED 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	9	2	0	0	0	0	0	0	9	2	11
45 to 59	4	5	0	0	0	0	0	0	4	5	9
60 to 64	2	5	0	0	0	0	0	0	2	5	7
65 to 74	9	6	0	0	0	0	0	0	9	6	15
75 to 84	14	16	0	0	0	0	0	0	14	16	30
85+	11	25	0	0	0	0	0	0	11	25	36
<b>TOTALS</b>	<b>49</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>59</b>	<b>108</b>

PROVENA PINE VIEW CARE CENTER  
 811 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6007439  
 Health Service Area 008 Planning Service Area 069

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	21	41	1	26	0	89
Skilled Under 22	0	0	0	0	0	0
ICF/DD	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0
<b>TOTALS</b>	<b>21</b>	<b>41</b>	<b>1</b>	<b>26</b>	<b>0</b>	<b>89</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	88	0	0	0	88
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Other Public	Private Insurance	Private Pay	Charity Care Expense as % of Total Net Revenue
2,571,555	31.9%	0.0%	28.8%	0.0%
<b>2,162,916</b>	<b>0.0%</b>	<b>97,570</b>	<b>1,950,007</b>	<b>6,782,048</b>

PROVENA PINE VIEW CARE CENTER  
 811 ALLEN LANE  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 6007439  
 Health Service Area 008 Planning Service Area 069

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	0	1	2	3	4	5	6
Aggressive/Anti-Social	0	0	0	0	0	0	0
Chronic Alcoholism	0	0	0	0	0	0	0
Developmentally Disabled	0	0	0	0	0	0	0
Drug Addiction	0	0	0	0	0	0	0
Medicaid Recipient	0	0	0	0	0	0	0
Medicare Recipient	0	0	0	0	0	0	0
Mental Illness	1	0	0	0	0	0	0
Non-Ambulatory	0	0	0	0	0	0	0
Non-Mobile	0	0	0	0	0	0	0
Public Aid Recipient	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0
Under 65 Years Old	0	0	0	0	0	0	0
Unable to Self-Medicate	0	0	0	0	0	0	0
Verbalizer Dependent	1	0	0	0	0	0	0
Infectious Disease w/ Isolation	0	0	0	0	0	0	0
Other Restrictions	0	0	0	0	0	0	0
No Restrictions	0	0	0	0	0	0	0
<i>Note: Reported restrictions identified by 1/1/09</i>							
<b>TOTALS</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

LEVEL OF CARE	PEAK	BEDS SET-UP	BEDS IN USE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	120	101	89	120	80	Residents on 1/1/2008: 90 Total Admissions 2008: 256 Total Discharges 2008: 257 Residents on 12/31/2008: 89
Skilled Under 22	0	0	0	0	0	
Intermediate DD	0	0	0	0	0	
Sheltered Care	0	0	0	0	0	
<b>TOTAL BEDS</b>	<b>120</b>	<b>101</b>	<b>89</b>	<b>120</b>	<b>80</b>	

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	Private Pay	Peak Beds
Nursing Care	7847	18958	85.9%	355	7451	0	78.6%
Skilled Under 22	0	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0.0%
<b>TOTALS</b>	<b>7847</b>	<b>18958</b>	<b>85.9%</b>	<b>355</b>	<b>7451</b>	<b>0</b>	<b>78.6%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL	GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	1	0	0	0	0	0	0	1	1
60 to 64	0	1	0	0	0	0	0	0	1	1
65 to 74	2	3	0	0	0	0	0	0	2	5
75 to 84	8	18	0	0	0	0	0	0	6	22
85+	8	51	0	0	0	0	0	0	9	60
<b>TOTALS</b>	<b>17</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>72</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOUNTAINS AT CRYSTAL LAKE CRYSTAL LAKE

**FOUNTAINS AT CRYSTAL LAKE**  
 1000 EAST BRIGHTON LANE  
 CRYSTAL LAKE, IL 60012  
 Reference Numbers Facility ID 6011803  
 Health Service Area 008 Planning Service Area 111

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTALS
Nursing Care	36	0	0	3	26	0	67
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>26</b>	<b>0</b>	<b>67</b>

**RESIDENTS BY RACIAL/ETHNICITY GROUPING**

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Is.	0	0	0	0	0
White	67	0	0	0	67
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>67</b>

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

Medicaid	Other Public	Private Insurance	Private Pay	Charity
5,329,627	0	565,502	1,748,304	0
<b>TOTALS</b>	<b>7,582,633</b>	<b>100.0%</b>	<b>23.0%</b>	<b>0.0%</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FOUNTAINS AT CRYSTAL LAKE CRYSTAL LAKE

**FOUNTAINS AT CRYSTAL LAKE**  
 1000 EAST BRIGHTON LANE  
 CRYSTAL LAKE, IL 60012  
 Reference Numbers Facility ID 6011803  
 Health Service Area 008 Planning Service Area 111

**RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	0	1	2	3	4	5	6	7	8	9	TOTALS
Neoplasms	0	0	0	0	0	0	0	0	0	0	0
Endocrine/Metabolic	0	0	0	0	0	0	0	0	0	0	0
Blood Disorders	0	0	0	0	0	0	0	0	0	0	0
Nervous System Non-Alzheimer	0	0	0	0	0	0	0	0	0	0	0
Alzheimer Disease	0	0	0	0	0	0	0	0	0	0	0
Mental Illness	0	0	0	0	0	0	0	0	0	0	0
Developmental Disability	0	0	0	0	0	0	0	0	0	0	0
Circulatory System	0	0	0	0	0	0	0	0	0	0	0
Respiratory System	0	0	0	0	0	0	0	0	0	0	0
Digestive System	0	0	0	0	0	0	0	0	0	0	0
Genitourinary System Disorders	0	0	0	0	0	0	0	0	0	0	0
SKN Disorders	0	0	0	0	0	0	0	0	0	0	0
Musculo-skeletal Disorders	0	0	0	0	0	0	0	0	0	0	0
Injuries and Poisonings	0	0	0	0	0	0	0	0	0	0	0
Other Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
Non-Medical Conditions	0	0	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>67</b>

**ADMISSIONS AND DISCHARGES - 2008**

LEVEL OF CARE	PEAK	RESIDENTS ON 1/1/2008	TOTAL ADMISSIONS 2008	TOTAL DISCHARGES 2008	RESIDENTS ON 12/31/2008
Nursing Care	97	82	687	652	87
Skilled Under 22	0	0	0	0	0
Intermediate DO	0	0	0	0	0
Sheltered Care	0	0	0	0	0
<b>TOTAL BEDS</b>	<b>97</b>	<b>82</b>	<b>687</b>	<b>652</b>	<b>87</b>

**FACILITY UTILIZATION - 2008**

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL	Utilized	Peak Beds
Nursing Care	11883	0	0	1181	12421	0	25485	71.8%	97
Skilled Under 22	0	0	0	0	0	0	0	0.0%	0
Intermediate DO	0	0	0	0	0	0	0	0.0%	0
Sheltered Care	0	0	0	0	0	0	0	0.0%	0
<b>TOTALS</b>	<b>11883</b>	<b>0</b>	<b>0</b>	<b>1181</b>	<b>12421</b>	<b>0</b>	<b>25485</b>	<b>71.8%</b>	<b>97</b>

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

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity	TOTAL	Utilized	Peak Beds
Nursing Care	11883	0	0	1181	12421	0	25485	71.8%	97
Skilled Under 22	0	0	0	0	0	0	0	0.0%	0
Intermediate DO	0	0	0	0	0	0	0	0.0%	0
Sheltered Care	0	0	0	0	0	0	0	0.0%	0
<b>TOTALS</b>	<b>11883</b>	<b>0</b>	<b>0</b>	<b>1181</b>	<b>12421</b>	<b>0</b>	<b>25485</b>	<b>71.8%</b>	<b>97</b>

**RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008**

AGE GROUPS	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0
75 to 84	2	10	0	0	2	10	12
85+	11	17	0	0	11	17	28
<b>TOTALS</b>	<b>20</b>	<b>47</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>47</b>	<b>67</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CTR ST. CHARLES ST. CHARLES

ROSEWOOD CARE CTR ST. CHARLES  
 850 DUNKHAM ROAD  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 8014688  
 Health Service Area 008 Planning Service Area 089  
 Administrator  
 Jail Koch

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Anil-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Amputatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Venilator Dependent	1
Other Restrictions	0
No Restrictions	0
TOTALS	71

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Anil-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Amputatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Venilator Dependent	1
Other Restrictions	0
No Restrictions	0
TOTALS	71

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	18	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	9	18	0	0	44	0	71

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
1,827,138	391,787	0	96,560	1,816,521	0	0.0%
TOTALS						100.0%
						3,921,987

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DO		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	1	2	3
60 to 64	1	0	0	0	0	0	0	0	1
65 to 74	2	1	0	0	0	0	0	0	3
75 to 84	3	13	0	0	0	0	0	0	16
85+	5	43	0	0	0	0	0	0	48
TOTALS	12	59	0	0	0	0	0	0	71

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
1,827,138	391,787	0	96,560	1,816,521	0	0.0%
TOTALS						100.0%
						3,921,987

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CTR ST. CHARLES ST. CHARLES

ROSEWOOD CARE CTR ST. CHARLES  
 850 DUNKHAM ROAD  
 ST. CHARLES, IL 60174  
 Reference Numbers Facility ID 8014688  
 Health Service Area 008 Planning Service Area 089  
 Administrator  
 Jail Koch

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Aggressive/Anil-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Amputatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Venilator Dependent	1
Other Restrictions	0
No Restrictions	0
TOTALS	71

ADMISSION RESTRICTIONS

Restriction	Count
Aggressive/Anil-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Amputatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Venilator Dependent	1
Other Restrictions	0
No Restrictions	0
TOTALS	71

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicaid	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	9	18	0	0	44	0	71
Skilled Under 22	0	0	0	0	0	0	0
Intermediate DO	0	0	0	0	0	0	0
Skilled Care	0	0	0	0	0	0	0
TOTALS	9	18	0	0	44	0	71

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
1,827,138	391,787	0	96,560	1,816,521	0	0.0%
TOTALS						100.0%
						3,921,987

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DO		SHELTERED		TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	1	2	0	0	0	0	1	2	3
60 to 64	1	0	0	0	0	0	0	0	1
65 to 74	2	1	0	0	0	0	0	0	3
75 to 84	3	13	0	0	0	0	0	0	16
85+	5	43	0	0	0	0	0	0	48
TOTALS	12	59	0	0	0	0	0	0	71

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	71	0	0	0	71
Race Unknown	0	0	0	0	0
Total	71	0	0	0	71

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
1,827,138	391,787	0	96,560	1,816,521	0	0.0%
TOTALS						100.0%
						3,921,987

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER  
471 W. TERRA COTTA AVENUE  
CRYSTAL LAKE, IL. 60014  
Reference Numbers Facility ID 8002876  
Health Service Area 008 Planning Service Area 111  
Administrator Joyce Sudick

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	11	6	0	0	20	1	38
Skilled Under Z2	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>11</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>1</b>	<b>38</b>

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

RACE	Nursing	Skilled	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	38	0	0	0	38
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>

RESIDENTS BY RACIALETHNICITY GROUPING

ETHNICITY	Nursing	Skilled	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	38	0	0	0	38
ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>38</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
55.5%	9.0%	0.0%	2.0%	33.5%	100.0%	4,008,029
2,224,221	362,401	0	79,891	1,341,515	45,320	4,008,029

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Residents on 1/1/2008	Total Admissions 2008	Residents on 12/31/2008
Neoplasms	2	218	214
Endocrine/Metabolic	3	214	36
Blood Disorders	0	214	36
*Nervous System Non Alzheimer	6	214	36
Alzheimer Disease	5	214	36
Mental Illness	0	214	36
Developmental Disability	0	214	36
Circulatory System	9	214	36
Respiratory System	1	214	36
Digestive System	1	214	36
Genitourinary System Disorders	0	214	36
Skin Disorders	0	214	36
Musculo-skeletal Disorders	11	214	36
Injuries and Poisonings	0	214	36
Other Medical Conditions	0	214	36
Non-Medical Conditions	0	214	36
<b>TOTALS</b>	<b>38</b>	<b>218</b>	<b>214</b>

Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development  
Page 618 of 2242  
9/17/2009

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FAIR OAKS HEALTH CARE CENTER CRYSTAL LAKE

FAIR OAKS HEALTH CARE CENTER  
471 W. TERRA COTTA AVENUE  
CRYSTAL LAKE, IL. 60014  
Reference Numbers Facility ID 8002876  
Health Service Area 008 Planning Service Area 111  
Administrator Joyce Sudick

ADMISSION RESTRICTIONS	Count
Aggressive/Abuse-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-Medicat	1
Venereal Disease w/ Isolation	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0
<b>TOTALS</b>	<b>2</b>

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS	DISCHARGES
Nursing Care	46	46	34
Skilled Under Z2	0	0	218
Intermediate DD	0	0	214
Sheltered Care	0	0	36
<b>TOTAL BEDS</b>	<b>46</b>	<b>46</b>	<b>34</b>

FACILITY UTILIZATION - 2008

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTAL
Nursing Care	4967	2239	76.5%	194	7156	91	14849
Skilled Under Z2	0	0	0.0%	0	0	0	0
Intermediate DD	0	0	0.0%	0	0	0	0
Sheltered Care	0	0	0.0%	0	0	0	0
<b>TOTALS</b>	<b>4967</b>	<b>2239</b>	<b>76.5%</b>	<b>194</b>	<b>7156</b>	<b>91</b>	<b>14849</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER Z2		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 16	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 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	10	0	0	0	0	0	0	7	10	17
<b>TOTALS</b>	<b>8</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>20</b>	<b>28</b>

Source: Long-Term Care Facility Questionnaire for 2008, Illinois Department of Public Health, Health Systems Development  
Page 617 of 2242  
9/17/2009





ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FRIENDSHIP VILLAGE SCHAUMBURG SCHAUMBURG

FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD  
SCHAUMBURG, IL 60194

Reference Numbers Facility ID 8003404  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	MEDICARE			MEDICAID			OTHER PUBLIC INSURANCE			PRIVATE PAY			CHAIRTY CARE		
	Nursing Care	Skilled Under 22	ICF/DD	Nursing Care	Skilled Under 22	ICF/DD	Nursing Care	Skilled Under 22	ICF/DD	Nursing Care	Skilled Under 22	ICF/DD	Nursing Care	Skilled Under 22	ICF/DD
Nursing Care	41	54	0	0	0	0	0	0	0	115	0	0	0	0	
Skilled Under 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
ICF/DD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sheltered Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTALS	41	54	0	0	0	0	115	0	0	0	0	0	0	0	

RESIDENTS BY RACIALETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	0	0	0	0	0
Race Unknown	210	0	0	0	210
Total	210	0	0	0	210

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care
33.5%	12.4%	0.7%	0.0%	54.1%	Expenses as % of Total Net Revenue 2.1%
6,574,272	2,431,493	0	0	10,590,045	19,002,600 414,440

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 FRIENDSHIP VILLAGE SCHAUMBURG SCHAUMBURG

FRIENDSHIP VILLAGE SCHAUMBURG

350 WEST SCHAUMBURG ROAD  
SCHAUMBURG, IL 60194

Reference Numbers Facility ID 8003404  
Health Service Area 007 Planning Service Area 701

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Aggressive/And-Social	0																				
Chronic Alcoholism	0																				
Developmentally Disabled	1																				
Drug Addiction	7																				
Endocrine/Metabolic	5																				
Nervous System Non Alzheimer	3																				
Alzheimer Disease	6																				
Mental Illness	7																				
Developmental Disability	0																				
Non-Ambulatory	0																				
Circulatory System	37																				
Respiratory System	0																				
Digestive System	32																				
Genitourinary System Disorders	15																				
Skin Disorders	10																				
Non-Ambulatory	5																				
Public Aid Recipient	18																				
Under 65 Years Old	32																				
Unable to Self-Medications	15																				
Verbalizer Dependent	10																				
Infectious Disease w/ Isolation	5																				
Other Restraints	1																				
No Restraints	37																				
Other Medical Conditions	0																				
Other Medical Conditions	0																				
TOTALS	210																				

ADMISSIONS AND DISCHARGES - 2008

Category	Residents on 1/1/2008	Total Admissions 2008	Total Discharges 2008	Residents on 12/31/2008
Admissions	221	615	628	210
Discharges	210	628	615	221

FACILITY UTILIZATION - 2008

LEVEL OF CARE	MEDICARE		MEDICAID		OTHER PUBLIC		PRIVATE PAY		CHAIRTY CARE	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.
Nursing Care	13127	14.3%	22395	32.2%	0	0.0%	42410	17.2%	79658	87.1%
Skilled Under 22	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Intermediate DD	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Sheltered Care	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTALS	13127	14.3%	22395	32.2%	0	0.0%	42410	17.2%	79658	87.1%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMEDIATE DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0
60 to 74	0	0	0	0	0	0	0	0	0	0
75 to 84	18	21	0	0	0	0	0	0	18	21
85+	28	135	0	0	0	0	0	0	28	135
TOTALS	48	164	0	0	0	0	0	0	48	164

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MAJOR CARE OF ROLLING MEADOWS ROLLING MEADOWS

MANOR CARE OF ROLLING MEADOWS  
 4225 KIRCHOFF ROAD  
 ROLLING MEADOWS, IL 60008  
 Reference Numbers Facility ID 6000327  
 Health Service Area 007 Planning Service Area 701  
 Administrator Scott Hochstadt

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	26	59	0	5	19	0	109
Skilled Under Z2	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>26</b>	<b>59</b>	<b>0</b>	<b>5</b>	<b>19</b>	<b>0</b>	<b>109</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under Z2	ICF/DD	Shelter	Totals
Asian	2	0	0	0	2
Amr. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	107	0	0	0	107
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	9.00
Certified Aides	40.00
Other Health Staff	16.00
Non-Health Staff	35.00
<b>Totals</b>	<b>122.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
5,635,490	2,332,128	274,389	252,378	2,466,676	0	100.0%
						0.0%
						10,981,062

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 MAJOR CARE OF ROLLING MEADOWS ROLLING MEADOWS

MANOR CARE OF ROLLING MEADOWS  
 4225 KIRCHOFF ROAD  
 ROLLING MEADOWS, IL 60008  
 Reference Numbers Facility ID 6000327  
 Health Service Area 007 Planning Service Area 701  
 Administrator Scott Hochstadt

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	Count
Neoplasms	6
Endocrine/Metabolic	4
Blood Disorders	1
*Nervous System Non Alzheimer	5
Alzheimer Disease	15
Mental Illness	11
Developmental Disability	0
Circulatory System	17
Respiratory System	9
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	3
Musculo-skeletal Disorders	5
Injuries and Poisonings	12
Other Medical Conditions	14
Non-Medical Conditions	0
<b>TOTALS</b>	<b>109</b>

ADMISSIONS AND DISCHARGES - 2008

LEVEL OF CARE	PEAK	ADMISSIONS 2008	DISCHARGES 2008
Nursing Care	145	134	145
Skilled Under Z2	0	0	0
Intermediate DD	0	0	0
Sheltered Care	0	0	0
<b>TOTAL BEDS</b>	<b>145</b>	<b>134</b>	<b>145</b>

FACILITY UTILIZATION - 2008

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
Nursing Care	9890	21301	64.0%	3741	9071	0	44003	77.6%	82.9%
Skilled Under Z2	0	0	0.0%	0	0	0	0	0.0%	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0	0.0%	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0	0.0%	0.0%
<b>TOTALS</b>	<b>9890</b>	<b>21301</b>	<b>64.0%</b>	<b>3741</b>	<b>9071</b>	<b>0</b>	<b>44003</b>	<b>77.6%</b>	<b>82.9%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	Nursing Care	Skilled Under Z2	Intermediate DD	Sheltered	Male	Female	Male	Female	Male	Female	Male	Female	TOTAL
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	4	0	0	0	0	1	4	0	0	0	0	5
60 to 74	0	0	0	0	0	0	0	0	0	0	0	0	0
65 to 74	3	10	0	0	0	0	3	10	0	0	0	0	13
75 to 84	12	18	0	0	0	0	12	18	0	0	0	0	30
85+	11	44	0	0	0	0	11	44	0	0	0	0	55
<b>TOTALS</b>	<b>27</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>82</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CENTER INVERNESS

ROSEWOOD CARE CENTER INVERNESS  
1800 COLONIAL PARKWAY  
INVERNESS, IL 60067  
Reference Numbers Facility ID 6014633  
Health Service Area 007 Planning Service Area 701

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 13  
Unable to Self-Medicate 12  
Venereal Disease 16  
Vulnerable Dependent 3  
Infectious Disease w/ Isolation 1  
Other Restrictions 2  
No Restrictions 23  
None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
0  
0  
0  
0  
2  
0  
0  
0  
0  
9  
13  
12  
16  
3  
1  
2  
23  
0  
81

ADMISSIONS AND DISCHARGES - 2008  
Residents on 1/1/2008 94  
Total Admissions 2008 445  
Total Discharges 2008 458  
Residents on 12/31/2008 81

RESIDENTS BY RACE/ETHNICITY GROUPING  
Asian 0  
Amer. Indian 0  
Black 0  
Hawaiian/Pac. Isl. 0  
White 81  
Race Unknown 0  
Total 81

RESIDENTS BY ETHNICITY  
Hispanic 1  
Non-Hispanic 80  
Ethnicity Unknown 0  
Total 81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)  
Medicare 50.6% 3,539,306  
Medicaid 9.0% 632,788  
Other Public 0.0% 0  
Private Insurance 2.8% 194,765  
Private Pay 37.6% 2,800,449  
Charity Care Expense as % of Total Net Revenue 0.0% 0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CENTER INVERNESS

ROSEWOOD CARE CENTER INVERNESS  
1800 COLONIAL PARKWAY  
INVERNESS, IL 60067  
Reference Numbers Facility ID 6014633  
Health Service Area 007 Planning Service Area 701

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 13  
Unable to Self-Medicate 12  
Venereal Disease 16  
Vulnerable Dependent 3  
Infectious Disease w/ Isolation 1  
Other Restrictions 2  
No Restrictions 23  
None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
0  
0  
0  
0  
2  
0  
0  
0  
0  
9  
13  
12  
16  
3  
1  
2  
23  
0  
81

ADMISSIONS AND DISCHARGES - 2008  
Residents on 1/1/2008 94  
Total Admissions 2008 445  
Total Discharges 2008 458  
Residents on 12/31/2008 81

RESIDENTS BY RACE/ETHNICITY GROUPING  
Asian 0  
Amer. Indian 0  
Black 0  
Hawaiian/Pac. Isl. 0  
White 81  
Race Unknown 0  
Total 81

RESIDENTS BY ETHNICITY  
Hispanic 1  
Non-Hispanic 80  
Ethnicity Unknown 0  
Total 81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)  
Medicare 50.6% 3,539,306  
Medicaid 9.0% 632,788  
Other Public 0.0% 0  
Private Insurance 2.8% 194,765  
Private Pay 37.6% 2,800,449  
Charity Care Expense as % of Total Net Revenue 0.0% 0

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 ROSEWOOD CARE CENTER INVERNESS

ROSEWOOD CARE CENTER INVERNESS  
1800 COLONIAL PARKWAY  
INVERNESS, IL 60067  
Reference Numbers Facility ID 6014633  
Health Service Area 007 Planning Service Area 701

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 13  
Unable to Self-Medicate 12  
Venereal Disease 16  
Vulnerable Dependent 3  
Infectious Disease w/ Isolation 1  
Other Restrictions 2  
No Restrictions 23  
None: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS  
0  
0  
0  
0  
2  
0  
0  
0  
0  
9  
13  
12  
16  
3  
1  
2  
23  
0  
81

ADMISSIONS AND DISCHARGES - 2008  
Residents on 1/1/2008 94  
Total Admissions 2008 445  
Total Discharges 2008 458  
Residents on 12/31/2008 81

RESIDENTS BY RACE/ETHNICITY GROUPING  
Asian 0  
Amer. Indian 0  
Black 0  
Hawaiian/Pac. Isl. 0  
White 81  
Race Unknown 0  
Total 81

RESIDENTS BY ETHNICITY  
Hispanic 1  
Non-Hispanic 80  
Ethnicity Unknown 0  
Total 81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)  
Medicare 50.6% 3,539,306  
Medicaid 9.0% 632,788  
Other Public 0.0% 0  
Private Insurance 2.8% 194,765  
Private Pay 37.6% 2,800,449  
Charity Care Expense as % of Total Net Revenue 0.0% 0



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WOOD GLEN NURSING & REHAB CTR WEST CHICAGO

WOOD GLEN NURSING & REHAB CTR  
30 WEST 300 NORTH AVENUE  
WEST CHICAGO, IL 60618

Reference Numbers Facility ID 6001713  
Health Service Area 007 Planning Service Area 703

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	7	163	0	0	10	0	200
Skilled Under ZZ	0	0	0	0	0	0	0
Intermediate DD	0	0	0	0	0	0	0
Sheltered Care	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>7</b>	<b>163</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>200</b>

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUndZZ	ICF/DD	Shelter	Totals
Asian	7	0	0	0	7
Amer. Indian	0	0	0	0	0
Black	15	0	0	0	15
Hawaiian/Pac. Isl	0	0	0	0	0
White	178	0	0	0	178
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

ETHNICITY	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Expense as % of Total Net Revenue
Medicare	9.2%	86.4%	0.0%	4.4%	0.0%	0.0%
Total	846,530	8,002,482	0	407,584	0	9,257,349

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 WOOD GLEN NURSING & REHAB CTR WEST CHICAGO

WOOD GLEN NURSING & REHAB CTR  
30 WEST 300 NORTH AVENUE  
WEST CHICAGO, IL 60618

Reference Numbers Facility ID 6001713  
Health Service Area 007 Planning Service Area 700

RESIDENTS BY PRIMARY DIAGNOSIS

ADMISSION RESTRICTIONS	DIAGNOSIS	0	15	10	3	103	4	18	3	8	4	0	0	200
Aggressive/Anti-Social	Neoplasms	0	15	10	3	103	4	18	3	8	4	0	0	200
Chronic Alcoholism	Endocrine/Metabolic	0	7	10	3	103	4	18	3	8	4	0	0	200
Developmentally Disabled	Blood Disorders	0	7	10	3	103	4	18	3	8	4	0	0	200
Drug Addiction	*Nervous System Non Alzheimer	0	7	10	3	103	4	18	3	8	4	0	0	200
Medicaid Resident	Alzheimer Disease	0	7	10	3	103	4	18	3	8	4	0	0	200
Medicare Resident	Mental Illness	0	7	10	3	103	4	18	3	8	4	0	0	200
Non-Ambulatory	Developmental Disability	0	7	10	3	103	4	18	3	8	4	0	0	200
Non-Mobile	Circulatory System	0	7	10	3	103	4	18	3	8	4	0	0	200
Public Aid Resident	Respiratory System	0	7	10	3	103	4	18	3	8	4	0	0	200
Under 65 Years Old	Digestive System	0	7	10	3	103	4	18	3	8	4	0	0	200
Unable to Self-Medicate	Genitourinary System Disorders	0	7	10	3	103	4	18	3	8	4	0	0	200
Ventilator Dependent	Skin Disorders	0	7	10	3	103	4	18	3	8	4	0	0	200
Infectious Disease w/ Isolation	Musculo-skeletal Disorders	0	7	10	3	103	4	18	3	8	4	0	0	200
Other Restrictions	Injuries and Poisonings	0	7	10	3	103	4	18	3	8	4	0	0	200
No Restrictions	Other Medical Conditions	0	7	10	3	103	4	18	3	8	4	0	0	200
<b>TOTALS</b>	<b>Non-Medical Conditions</b>	<b>0</b>	<b>7</b>	<b>10</b>	<b>3</b>	<b>103</b>	<b>4</b>	<b>18</b>	<b>3</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>200</b>

FACILITY OWNERSHIP LIMITED LIABILITY CO

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

LEVEL OF CARE	Medicare	Medicaid	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	207	207	207	207	Residents on 1/1/2008: 196
Skilled Under ZZ	0	0	0	0	Total Admissions 2008: 82
Intermediate DD	0	0	0	0	Total Discharges 2008: 78
Sheltered Care	0	0	0	0	Residents on 12/31/2008: 200
<b>TOTAL BEDS</b>	<b>207</b>	<b>207</b>	<b>207</b>	<b>207</b>	

FACILITY UTILIZATION - 2008

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Charity Care	Licensed Beds	Peak Beds
Nursing Care	2043	67695	89.4%	27	3833	73588	97.1%
Skilled Under ZZ	0	0	0.0%	0	0	0	0.0%
Intermediate DD	0	0	0.0%	0	0	0	0.0%
Sheltered Care	0	0	0.0%	0	0	0	0.0%
<b>TOTALS</b>	<b>2043</b>	<b>67695</b>	<b>89.4%</b>	<b>27</b>	<b>3833</b>	<b>73588</b>	<b>97.1%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2008

AGE GROUPS	NURSING CARE		SKILLED UNDER ZZ		INTERMEDIATE DD		SHELTERED		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	41	19	0	0	0	0	0	0	41	19
45 to 59	36	22	0	0	0	0	0	0	36	22
60 to 74	8	15	0	0	0	0	0	0	8	15
75 to 84	19	15	0	0	0	0	0	0	19	15
85+	1	9	0	0	0	0	0	0	1	9
<b>TOTALS</b>	<b>109</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>	<b>81</b>



ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Florence Nursing Home Marengo

Florence Nursing Home  
546 East Grant Highway  
Marengo, IL 60152  
Reference Numbers Facility ID 6003180  
Health Service Area 009 Planning Service Area 111

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	1	0	0	31	0	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	0
<b>TOTALS</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>37</b>

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	155	149
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Sheltered	TOTALS
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	37	0	0	0	37
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	2.00
LPN's	4.00
Certified Aides	13.00
Other Health Staff	2.00
Non-Health Staff	11.00
<b>TOTALS</b>	<b>34.00</b>

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Charity Care Expense as % of Total Net Revenue
3.2%	0.0%	0.0%	0.0%	64.8%	0	0.0%
55,895	0	0	0	1,696,473	0	
<b>TOTALS</b>	<b>100.0%</b>	<b>1,752,461</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

ILLINOIS LONG-TERM CARE PROFILE-CALENDAR YEAR 2008 Florence Nursing Home Marengo

Florence Nursing Home  
546 East Grant Highway  
Marengo, IL 60152  
Reference Numbers Facility ID 6003180  
Health Service Area 008 Planning Service Area 111

ADMISSION RESTRICTIONS

ADMISSION RESTRICTIONS	RESIDENTS BY PRIMARY DIAGNOSIS
Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	3
Drug Addiction	1
Medicaid Recipient	6
Medicare Recipient	6
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	9
Public Aid Recipient	2
Under 65 Years Old	1
Unable to Self-Medicare	0
Vaccinator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	7
No Restrictions	0
<i>Note: Reported restrictions denoted by '1'</i>	37

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

LEVEL OF CARE	PEAK	SET-UP	USED	BEDS	AVAILABLE	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2008
Nursing Care	52	37	52	37	15	28	4	Residents on 1/1/2008: 25 Total Admissions 2008: 44
Skilled Under 22	0	0	0	0	0	0	0	Total Discharges 2008: 32
Intermediate DD	0	0	0	0	0	0	0	Residents on 12/31/2008: 37
Sheltered Care	0	0	0	0	0	0	0	
<b>TOTAL BEDS</b>	<b>52</b>	<b>37</b>	<b>52</b>	<b>37</b>	<b>15</b>	<b>28</b>	<b>4</b>	

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Licensed Beds	Peak Beds
Nursing Care	108	61	0	0	13070	0	13238	69.6%
Skilled Under 22	0	0	0	0	0	0	0	0.0%
Intermediate DD	0	0	0	0	0	0	0	0.0%
Sheltered Care	0	0	0	0	0	0	0	0.0%
<b>TOTALS</b>	<b>108</b>	<b>61</b>	<b>0</b>	<b>0</b>	<b>13070</b>	<b>0</b>	<b>13238</b>	<b>69.6%</b>

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2003

AGE GROUPS	NURSING CARE		SKILLED UNDER 22		INTERMED. DD		SHELTERED		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0
65 to 74	1	3	0	0	0	0	1	3	4
75 to 84	4	2	0	0	0	0	4	2	6
85+	9	17	0	0	0	0	9	17	26
<b>TOTALS</b>	<b>15</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>22</b>	<b>37</b>



2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY PSA SUMMARY

HEALTH SERVICE AREA	008	ADMISSIONS AND DISCHARGES - 2005
LTC PLANNING AREA	089	A. Residents on January 1, 2005 2806
		B. Total Admissions 2005 4919
		C. Total Discharges 2005 4936
		D. Residents on December 31, 2005 2789

2005 ILLINOIS DEPARTMENT OF PUBLIC HEALTH LONG-TERM CARE FACILITY PROFILES BY PSA SUMMARY

HEALTH SERVICE AREA	008	ADMISSIONS AND DISCHARGES - 2005
LTC PLANNING AREA	089	A. Residents on January 1, 2005 2806
		B. Total Admissions 2005 4919
		C. Total Discharges 2005 4936
		D. Residents on December 31, 2005 2789

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	Skilled Under 22	ICF/DD	Shelter	Totals
Asian	23	0	6	2	33
Indian	3	0	1	0	4
Black	294	0	12	0	306
Hawaiian or Pacific Islander	0	0	0	0	0
White	1997	0	118	253	2368
Unknown	75	0	2	1	78
Total	2394	0	139	256	2789

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare		Medicaid		Other Public		Insurance		Private Pay		Charity		TOTALS	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	3	111	98	155	44	0	3	2	0	0	0	271	147
45 to 59	5	9	95	111	93	33	2	3	10	8	0	0	205	164
60 to 64	5	8	52	43	16	7	1	5	4	11	0	0	78	71
65 to 74	16	31	74	112	10	4	2	1	22	43	0	1	124	192
75 to 84	33	67	77	202	4	0	3	4	59	184	2	1	178	458
85 Over	18	65	50	298	0	1	1	4	83	376	0	2	152	746
TOTALS	79	183	459	864	278	89	9	17	181	624	2	4	1008	1781

RESIDENTS BY AGE GROUP, SEX AND PAYMENT SOURCE - DECEMBER 31, 2005

AGE GROUPS	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Under 18	0	0	0	0	0	0	0
18 to 44	2	3	111	98	155	44	0
45 to 59	5	9	95	111	93	33	2
60 to 64	5	8	52	43	16	7	1
65 to 74	16	31	74	112	10	4	2
75 to 84	33	67	77	202	4	0	3
85 Over	18	65	50	298	0	1	1
TOTALS	79	183	459	864	278	89	9

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	Nursing Care		Skilled Under 22		Intermediate D		Sheltered		TOTAL GRAND	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 18	0	0	0	0	0	0	0	0	0	0
18 to 44	230	84	0	0	41	63	0	0	271	147
45 to 59	189	149	0	0	14	15	2	0	205	164
60 to 64	75	67	0	0	1	3	2	4	78	74
65 to 74	113	167	0	0	1	1	1	1	124	192
75 to 84	154	395	0	0	0	0	0	0	63	178
85 Over	128	643	0	0	0	0	0	0	24	103
TOTALS	889	1565	0	0	57	82	62	194	1008	1781

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Under 18	0	0	0	0	0	0	0
18 to 44	2	3	111	98	155	44	0
45 to 59	5	9	95	111	93	33	2
60 to 64	5	8	52	43	16	7	1
65 to 74	16	31	74	112	10	4	2
75 to 84	33	67	77	202	4	0	3
85 Over	18	65	50	298	0	1	1
TOTALS	79	183	459	864	278	89	9

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2005

AGE GROUPS	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Under 18	0	0	0	0	0	0	0
18 to 44	230	84	0	0	41	63	0
45 to 59	189	149	0	0	14	15	2
60 to 64	75	67	0	0	1	3	2
65 to 74	113	167	0	0	1	1	1
75 to 84	154	395	0	0	0	0	0
85 Over	128	643	0	0	0	0	0
TOTALS	889	1565	0	0	57	82	62

STAFFING EMPLOYMENT CATEGORY FULL-TIME EQUIVALENT

Administrators	72.10
Physicians	28.45
Director of Nursing	32.00
Registered Nurses	377.05
LPN's	137.00
Certified Aides	810.86
Other Health Staff	528.55
Non-Health Staff	1018.43
Totals	3004.44

PATIENT DAYS BY PAYMENT SOURCE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity	TOTALS
Nursing Care	92982	448002	347083	888067	83.0	84.7	448002
Skilled Under 22	0	0	0	0	0.0	0.0	0
ICF/DD	0	0	0	0	0.0	0.0	0
Shelter	49369	1095	50464	98.1	98.1	98.1	49369
TOTALS	92982	493731	445105	1033458	79.5	83.7	92982

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3518

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3518

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3518

Source: Health Systems Development  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois Phone: 217/782-3518

EXHIBIT IV

